

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

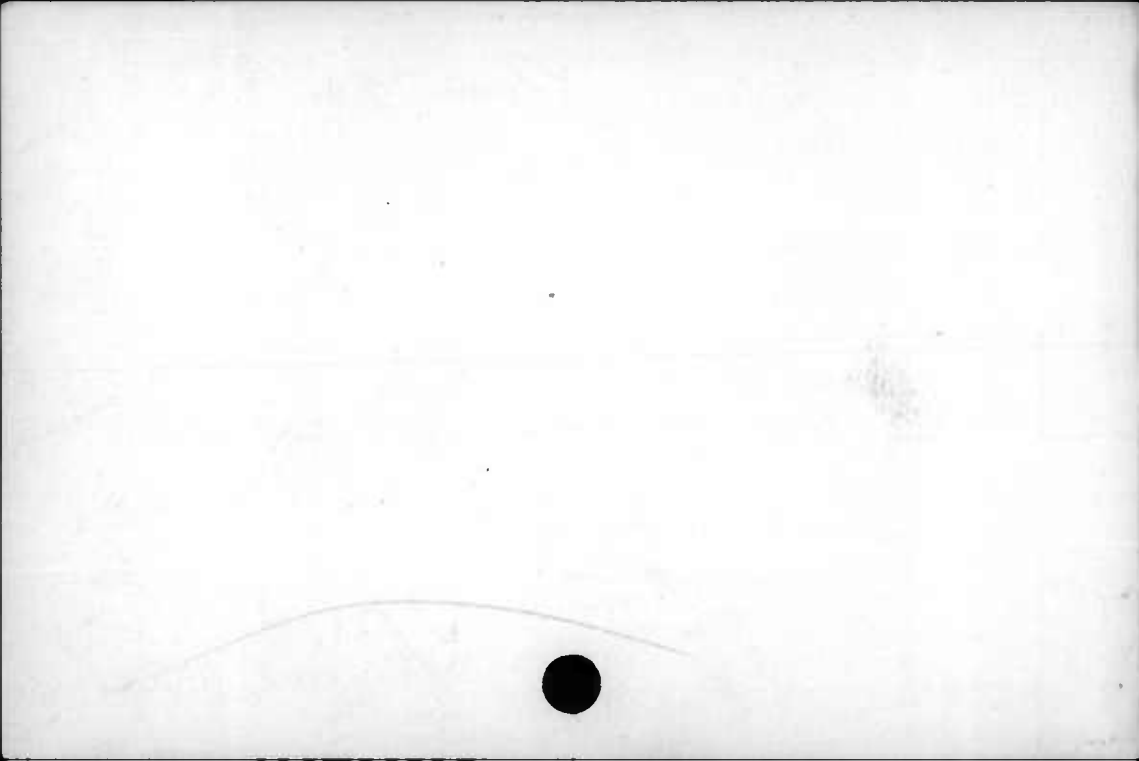
Died at <i>Wattingham</i>		Town <i>Dr G</i>		County	
Date of death <i>1907 Aug 29</i>		Month <i>Aug</i>		Day <i>29</i>	
Age <i>74</i>		Years <i>74</i>		Months	
Sex <i>male</i>		Color of Race <i>white</i>		Birth-place <i>md</i>	
Occupation <i>farming</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Mary E Baden</i>			
Father's Name <i>George Baden</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Sarah May</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>J A Baden</i>		How related to deceased <i>son</i>			

CAUSE OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Cardiack Dilatation</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Gibson</i>
		Address
Accident or Suicide?		



Name
in
Full

Ossia A. Barton

CERTIFICATE OF DEATH

Died at ^{Town} New Laum ^{County} Prince Georges MARYLAND

Date of death 1907 Aug 7th Age 1 Years 9 Months 15 Days

Sex Male Color or Race White Birth-place Md

Occupation None Where Residing if not at place of death New Laum

Married, Single or Widowed Widowed Name of Wife or Husband None

Father's Name Edward S. Barton Father's Birthplace Md

Mother's Maiden Name Mary E. Zimm Mother's Birthplace Md

Name of person giving information Edward S. Barton How related to deceased Father

CAUSES OF DEATH

105

Primary Cholera Infantum How long 7 days

Immediate Meningitis How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. P. Deery

Address

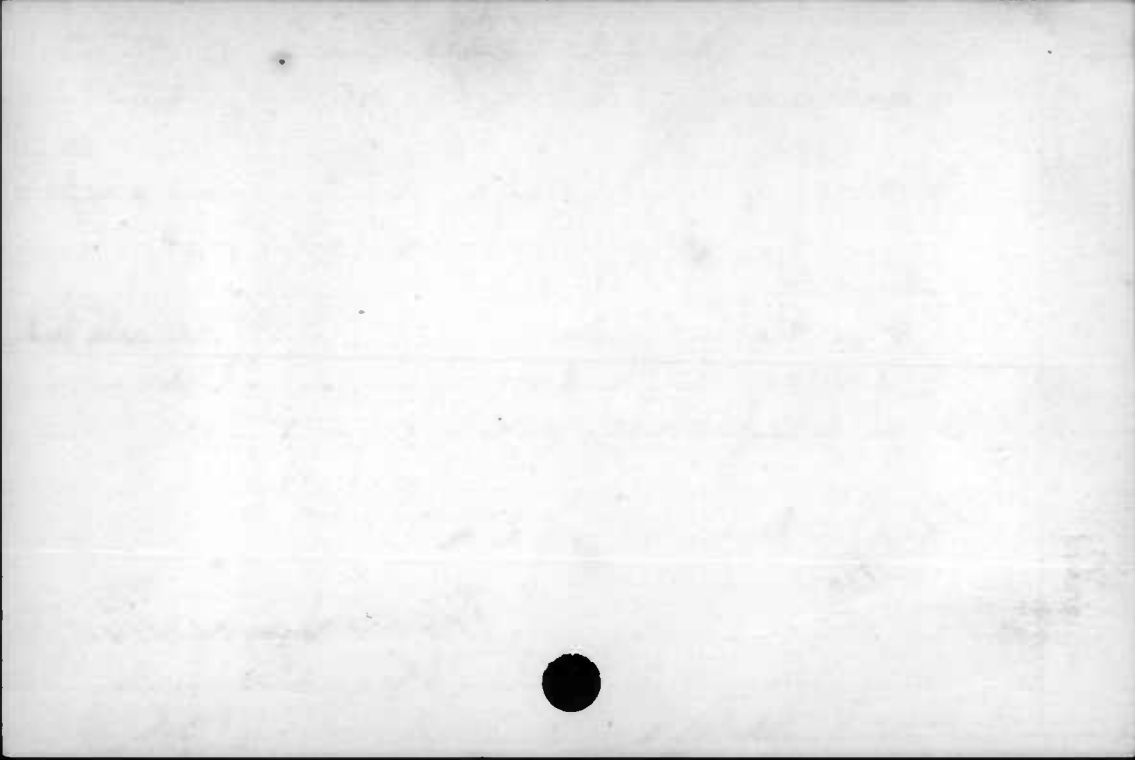
Laurel, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

ll



Name
in
Full

Richard Randolph Bladen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chillum</u> ^{Town}		<u>Pr Lee</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>Aug</u> ^{Month}	<u>9</u> ^{Day}	Age <u> </u> ^{Years}	Months <u> </u>	Days <u>4</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Chillum Md</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Jos. Bladen</u>			Father's Birthplace <u>Chillum Md</u>		
Mother's Maiden Name <u>Annie Carlton</u>			Mother's Birthplace <u>Va</u>		
Name of person giving information <u>Dr W. R. R. R. R.</u>			How related to deceased <u>None</u>		

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary <u>Senile Bunch</u>	How long <u>2 mo</u>
Immediate	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr W. R. R. R. R.</u>
	Address <u>Hyattsville Md</u>
Accident or Suicide? <u>Neither</u>	

Dr Latimer
xxx

Name
in
Full

Mamie Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

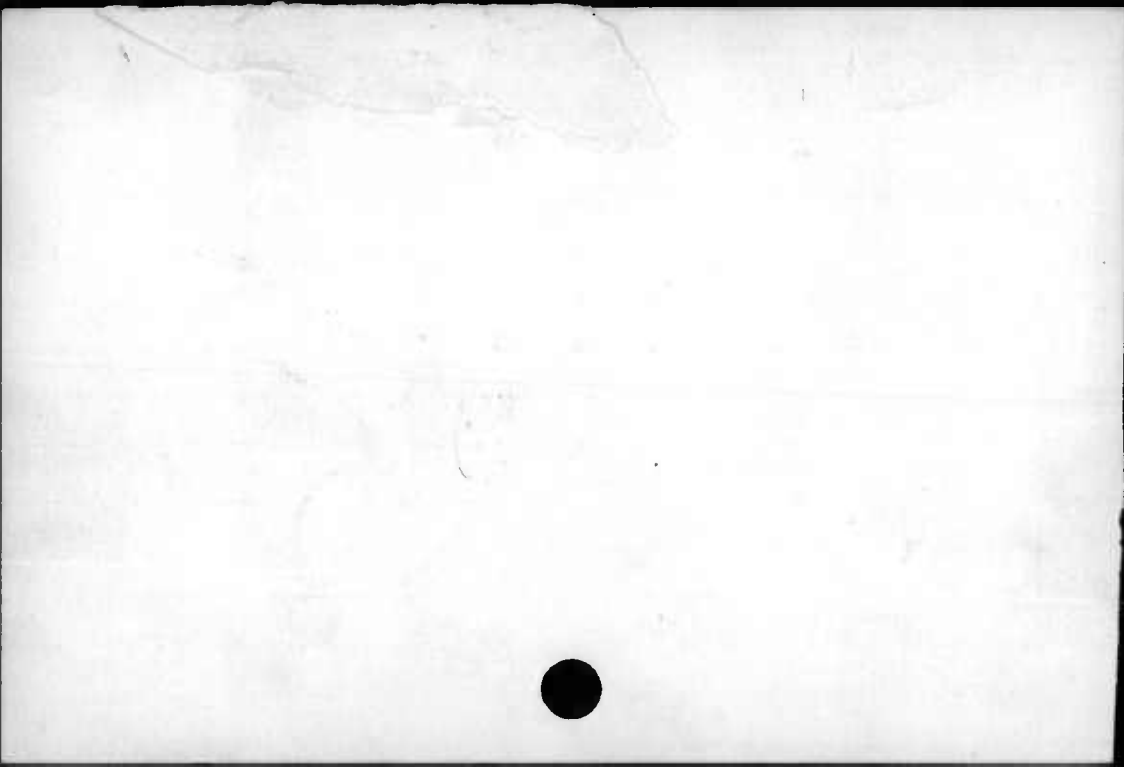
Died at <u>Seat Pleasant</u> <small>Town</small>		<u>Pr. George</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Year</small>	<u>Aug.</u> <small>Month</small>	<u>13</u> <small>Day</small>	Age <u>19</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Ind.</u>			
Occupation <u>Home-girl</u>	Where Residing if not at place of death <u>Seat Pleasant.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Washington Blake</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Edwina Blake</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving Information <u>Charles Blake</u>	How related deceased <u>Uncle.</u>				

CAUSES OF DEATH

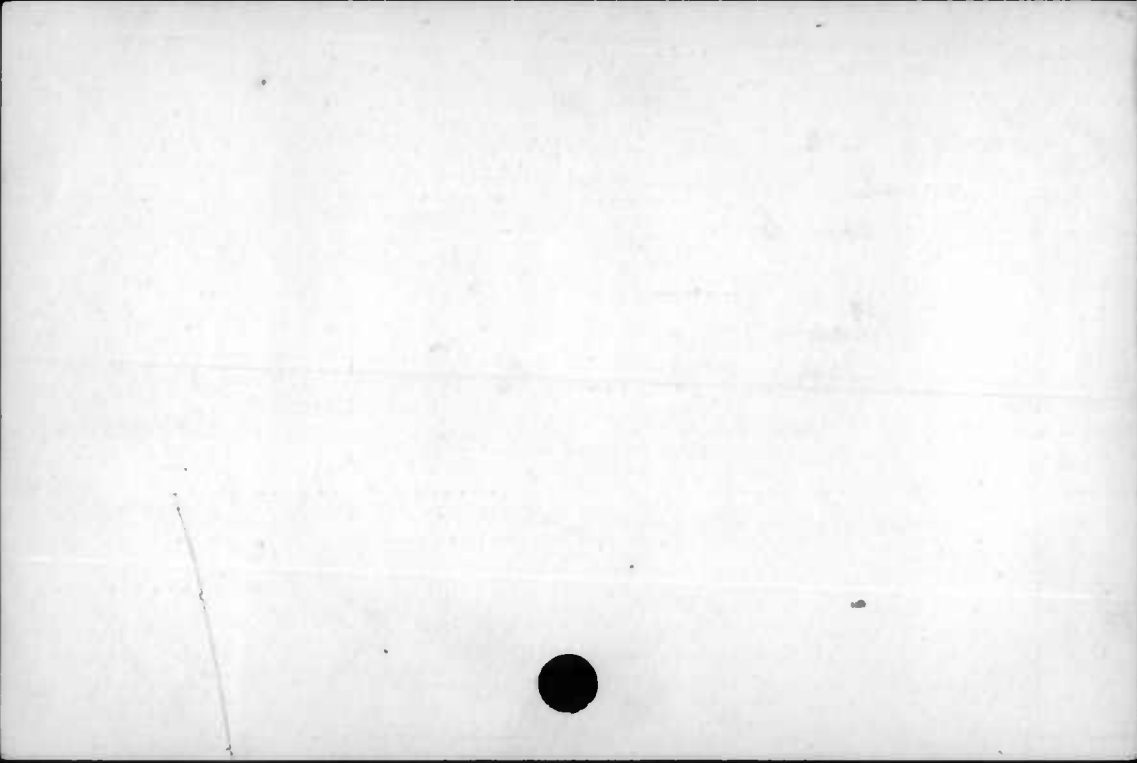
27

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>3 months</u>
Immediate <u>Exhaustion</u>	<u>5 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>L. S. Savage</u>
	Address <u>Berminig, D. C.</u>
Accident or Suicide? <u> </u>	



Name in Full		John Joseph Brice				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	near Marlboro		P. Brice		MARYLAND	
	Date of death	1907	Month 8	Day 15	Age 13	Months	Days
	Sex	Male		Color or Race	Colored	Birth-place	md
	Occupation	School boy			Where Residing if not at place of death		
	Married, Single or Widowed	—			Name of Wife or Husband		
	Father's Name	Gen Brice				Father's Birthplace	md
	Mother's Maiden Name	Maria Hager				Mother's Birthplace	md
Name of person giving information					How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid fever				How long	15 days
	Immediate	Heart failure				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?				Rev. J. J. Brice upper Marlboro md			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Blaggett Bernard Brown

Town

County

Died at

Laurie

Pr. Geo. Co

MARYLAND

Date

1907 Aug 25

Month

Day

25

Age

Years

In 2nd year

Months

None

Days

None

Sex

male

Color or
Race

White

Birth-
place

A. A. Co.

Occupation

Labor

Where Residing if not
at place of death

at Mrs. Annie Dorsey

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Charles F. Brown

Father's
Birthplace

Pr. Geo. Co.

Mother's
Maiden Name

Matilda A. Donaldson

Mother's
Birthplace

A. A. Co.

Name of person giving
Information

Susie C. Sewell

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Tuberculosis

How long

6 mo

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

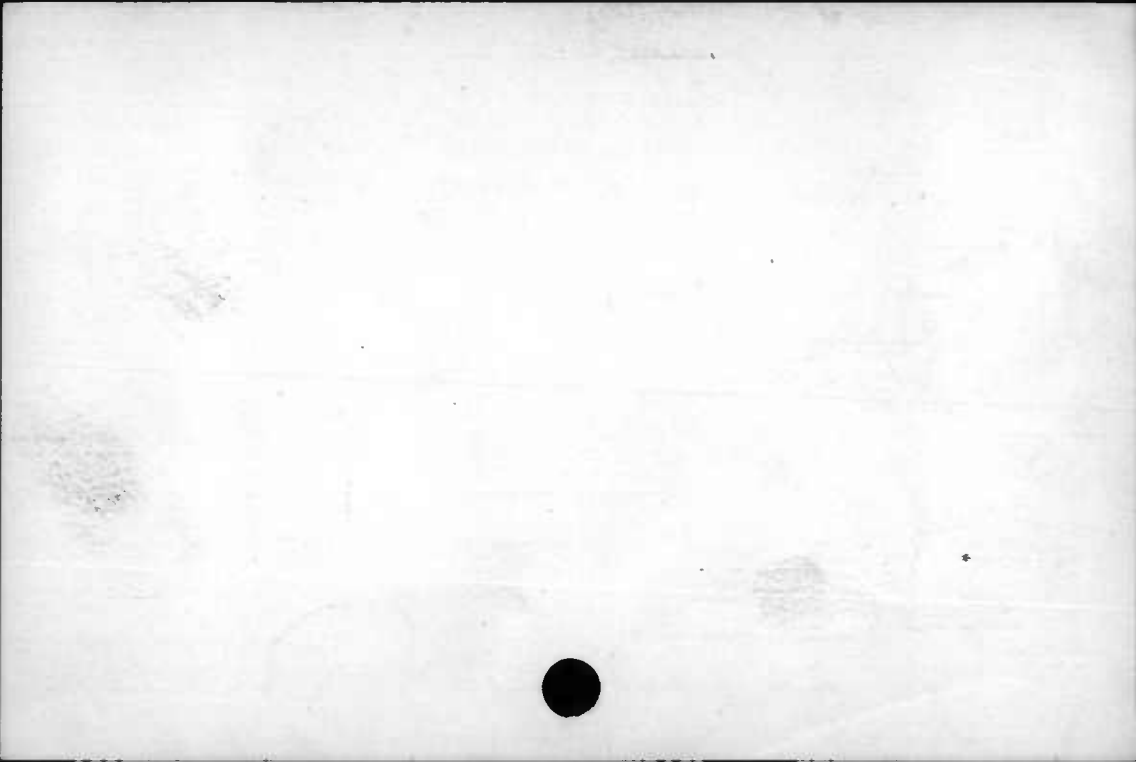
Signature of
Physician

Address

Dr. Percy
Sewell

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

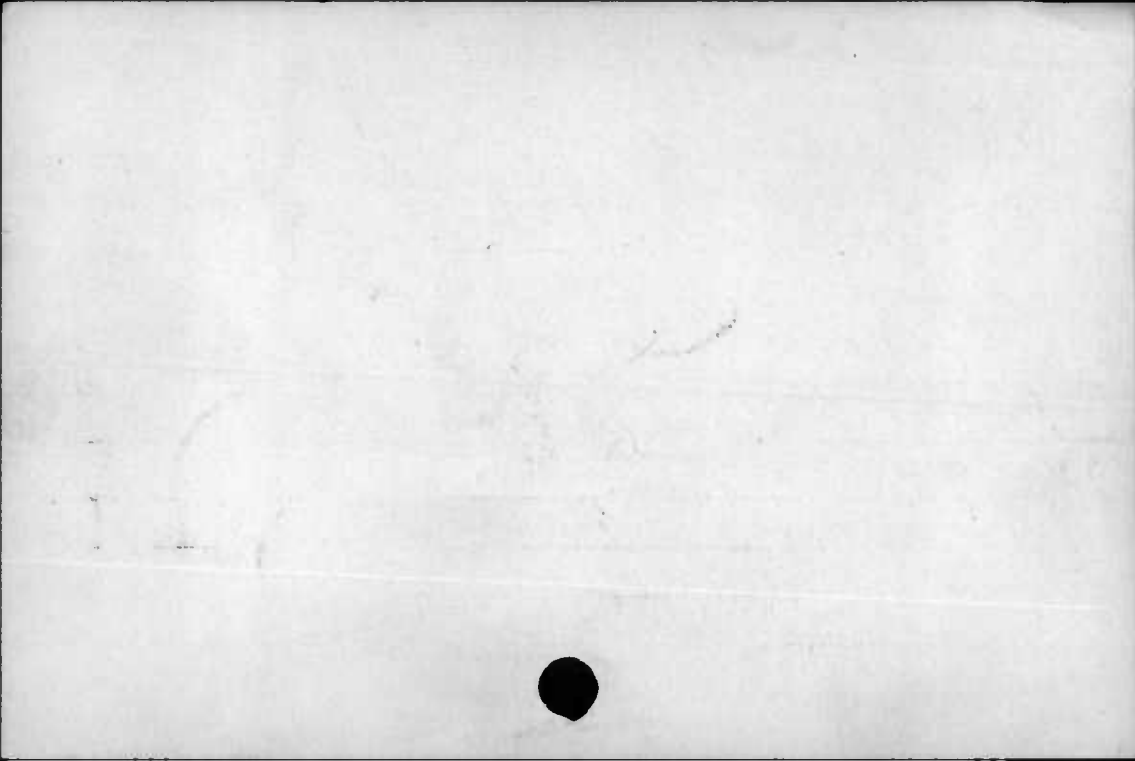
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Brown</i>		Town <i>Mt. Rainier</i>		County <i>Prince Georges</i>		MARYLAND	
Died at		Month <i>8</i>		Day <i>19</i>		Years <i>—</i>	
Date of death <i>1907</i>		Age <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Mt Rainier Md.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Joseph M. Brown</i>		Father's Birthplace <i>Georgia</i>		Mother's Birthplace <i>Washington D.C.</i>			
Mother's Maiden Name <i>May Louie Sorman</i>		How related to deceased <i>Mother</i>					
Name of person giving information <i>May Louie Brown</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy Asphyxia</i>		How long <i>—</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Harry Kelley M.D.</i>	
		Address <i>Mt. Rainier Md.</i>	
Accident or Suicide?			



Name in Full *William Everett Butler.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Friendly* Town

Pr Geo. County

Date of death *1901* Month *8* Day *16*

Age *1* Years

Months *4* Days

Sex *Boy*

Color or Race *Black*

Birth-place *Friendly, Md.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Clarence Edward Butler*

Father's Birthplace *St. Mary's Co. Md.*

Mother's Maiden Name *Ann's Shorter*

Mother's Birthplace *St. Mary's Co. Md.*

Name of person giving information *Clarence Edward Butler*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Inanition*

(105)

How long *six weeks.*

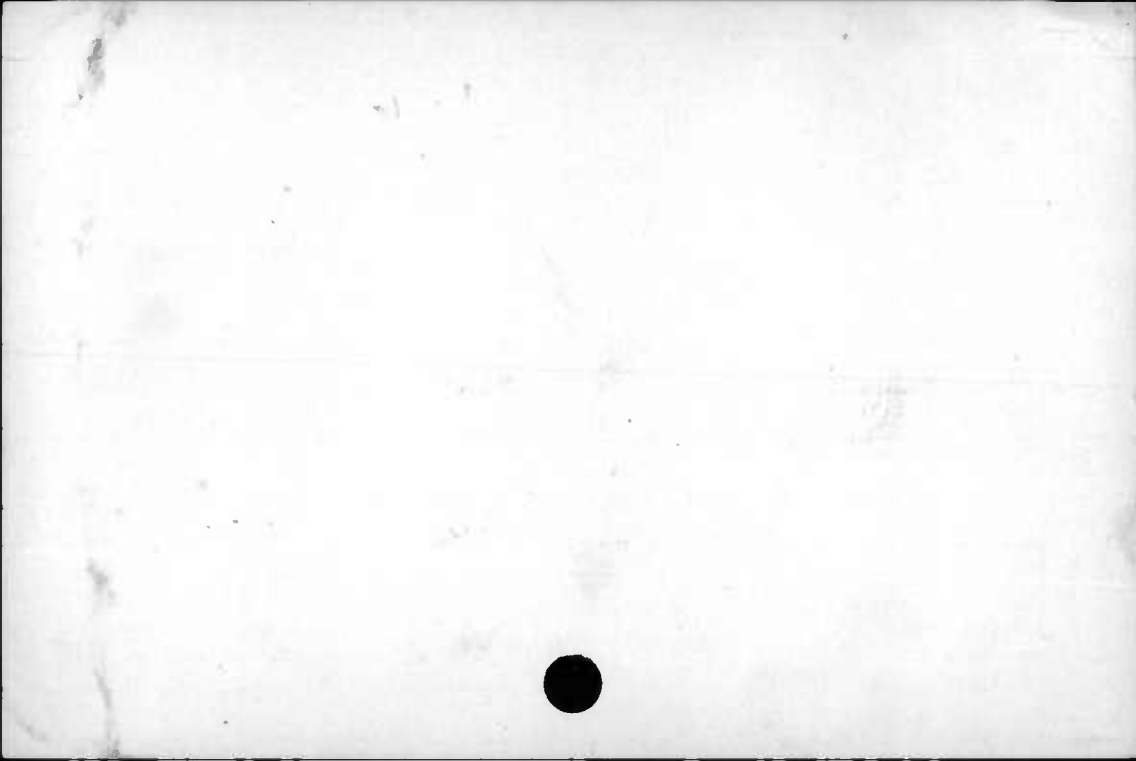
Immediate *Cholera Infantum*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

Address *E. L. Hurth, M.D.
Pascataway, Ind.*

Accident or Suicide?



Name
in
Full

William H. Butler

CERTIFICATE OF DEATH

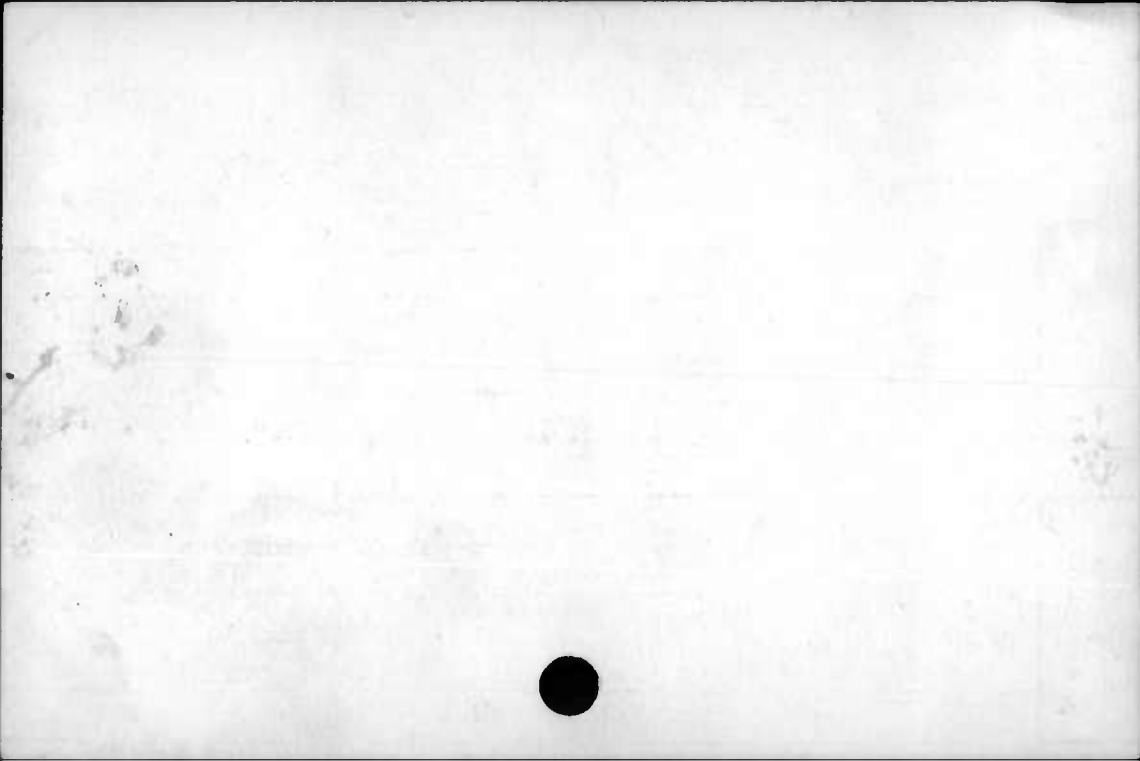
TO BE ANSWERED BY
NEAREST FRIEND

Died at: <i>Rosecroft</i>		Town <i>Pr. Geo.</i>		County		MARYLAND	
Date of death	1907	Month	8	Day	17	Age	Years <i>11</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birthplace	<i>Md.</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>Wm Benjamin Butler</i>			Father's Birthplace	
Mother's Maiden Name			<i>Callie Butler</i>			Mother's Birthplace	
Name of person giving information			<i>W. B. Butler</i>			How related to deceased	
						<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastro-Enteritis</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>G. P. Simpson M.D.</i>	
		Address	
		<i>ROSE CROFT,</i>	
		<i>PR. GEO. CO., MD.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *June Campbhor* Town *Ireland* County *Prince George*Date of death *1907* Month *Aug.* Day *Third* Age *23* Years Months DaysSex *Female* Color or Race *Colored* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

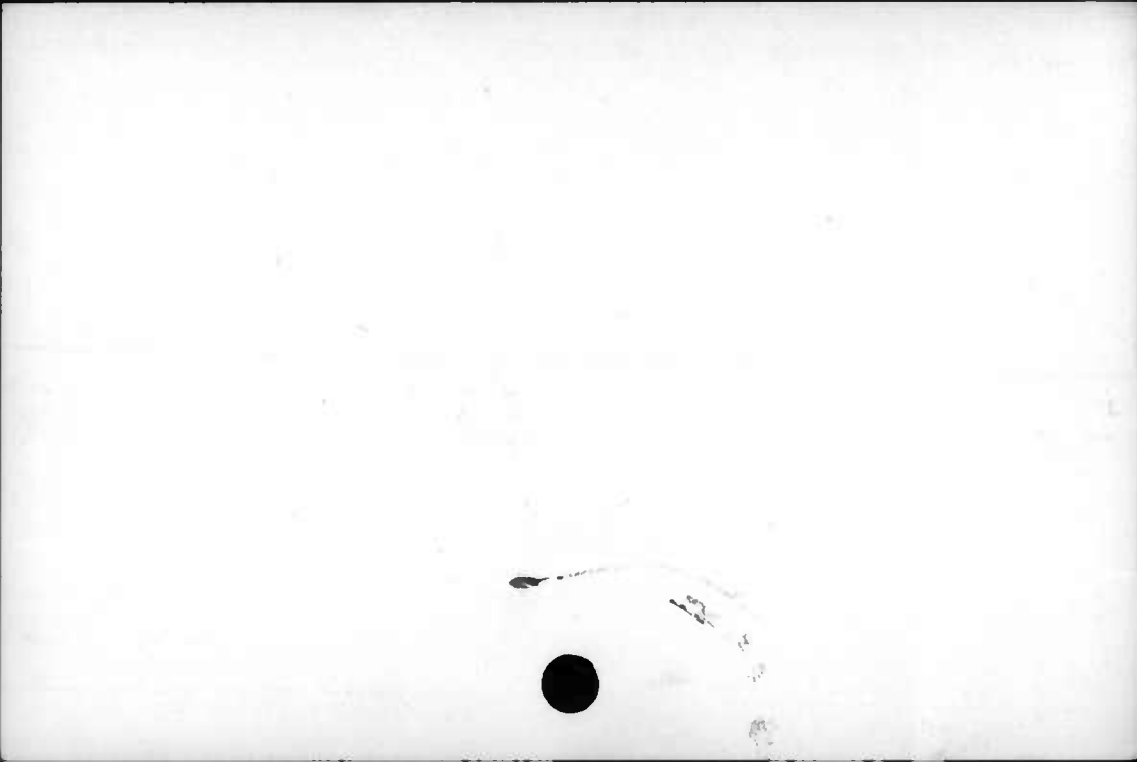
Father's Name *Jenkins Campbell* Father's Birthplace *Maryland*Mother's Maiden Name *Mariah E. Carroll* Mother's Birthplace *" "*Name of person giving information *Jenkins Campbell* How related to deceased *Father*

CAUSES OF DEATH

Primary *Cholera Infantum* How long *23 days*Immediate *Exhaustion* How long *1 day*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Henry J. Smith*Address *Adel Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Clarice Sidney Carpenter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

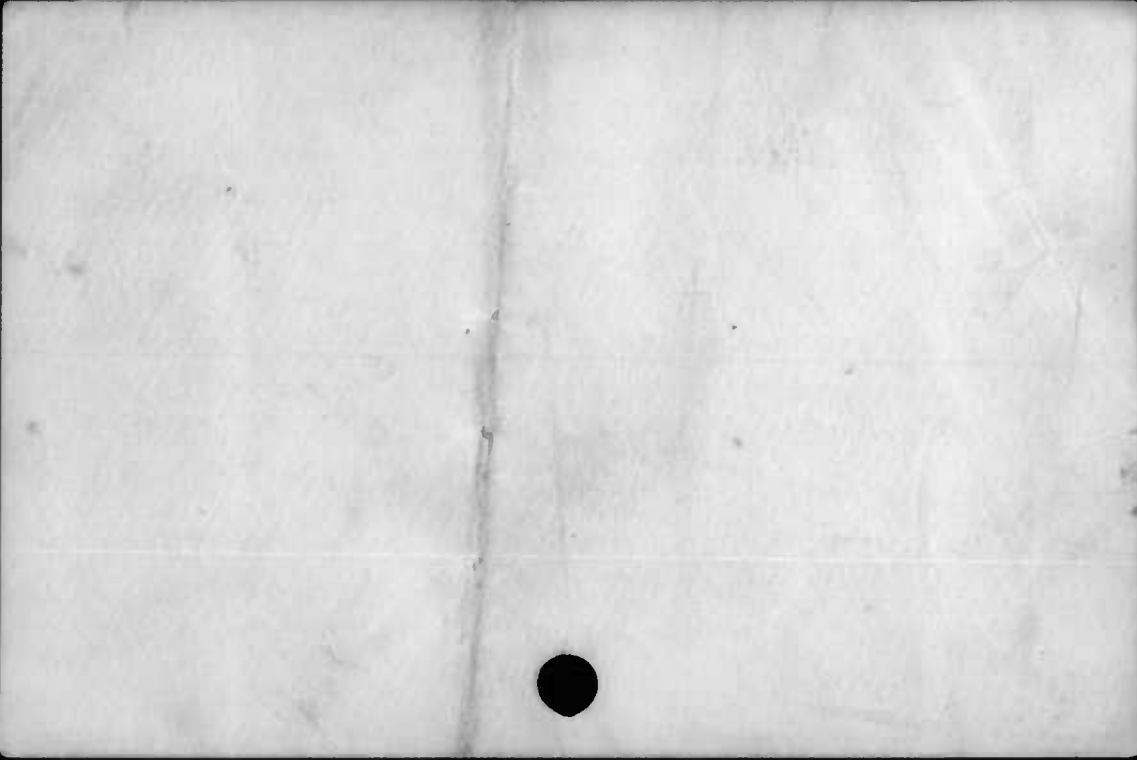
Died at ^{Town} Hyattsville ^{County} Md Prince George		MARYLAND	
Date of death	1907	Month	August
	Day	28	Age
	Years	—	Months
			Days
Sex	Female	Color or Race	white
Occupation	Nothing	Birth-place	Md
Where Residing if not at place of death		—	
Married, Single or Widowed	Single	Name of Wife or Husband	—
Father's Name	Walter Raymond Carpenter	Father's Birthplace	Budds Creek Md
Mother's Maiden Name	Y Agnes Moyler	Mother's Birthplace	Petersburg Va
Name of person giving information	Y Agnes Carpenter	How related to deceased	mother

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary	Cerebro-Spinal Meningitis	How long	2 wks
Immediate	Paralysis	How long	48 hrs
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		S. W. Bateman M.D.	
Address		Hyattsville Md	
Accident or Suicide?		Neither	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

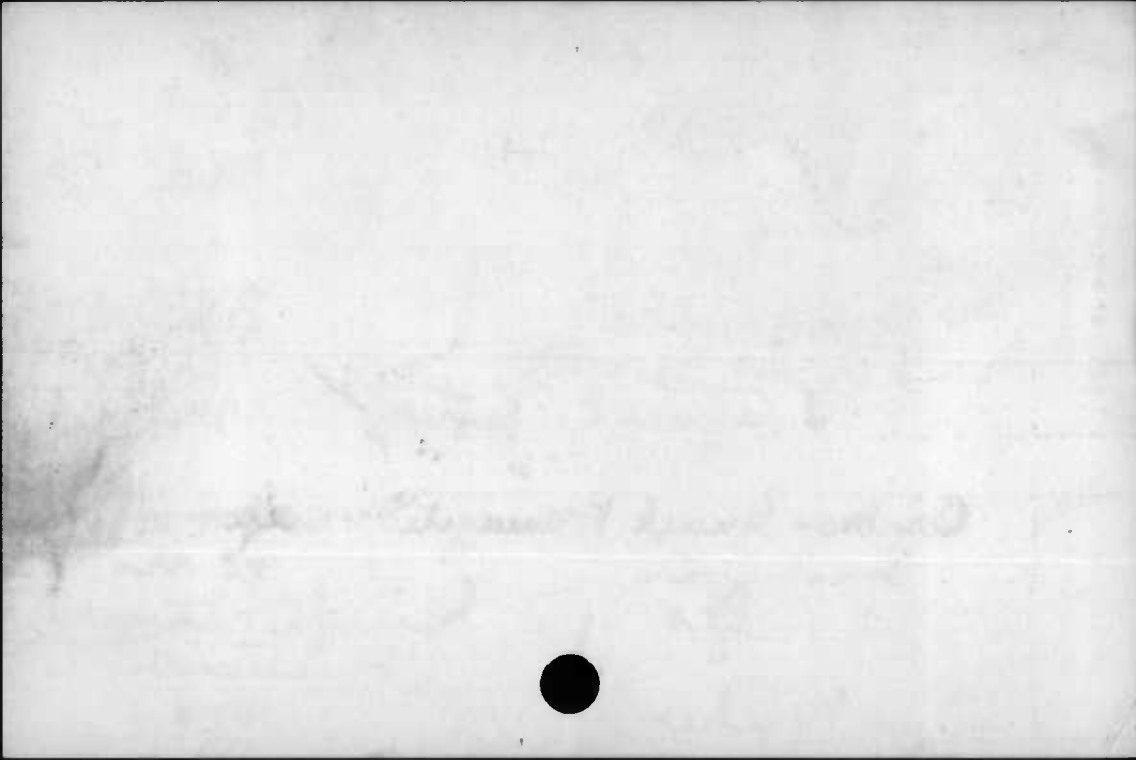
Died at <i>Hueshano</i> Town		<i>R George</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Aug</i>	Day	<i>28</i>
Age	<i>50</i>	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Md</i>
Occupation	<i>Domestic</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Henry Carroll</i>			
Father's Name	<i>Don't Know</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>" "</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Henry Carroll</i>		How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>Several</i>
Immediate	<i>Uræmia</i>	How long	<i>Weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Approximately</i>	Signature of Physician	<i>W. J. Birrell</i>
		Address	<i>Hyattsville Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

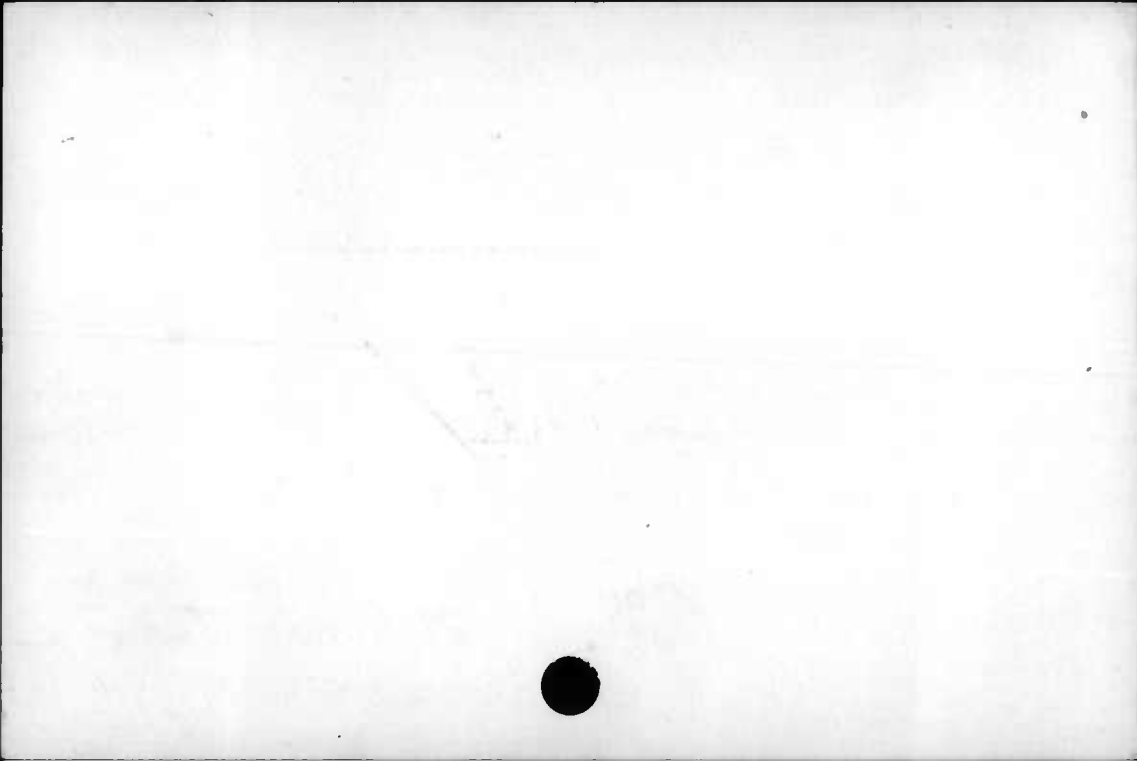
Name in Full <i>Jana Claggett</i>		County <i>Pr Geo</i>	
Died near Accokeek <i>near Accokeek</i>		Town <i>near Accokeek</i>	
Date of death <i>1901</i>	Month <i>Aug</i>	Day <i>12</i>	Age <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Years <i>—</i>	Months <i>9</i>
Occupation <i>None</i>	Birth-place <i>near Accokeek</i>	Days <i>—</i>	
Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>John Claggett</i>		Father's Birthplace <i>Pr Geo Co. Md.</i>	
Mother's Maiden Name <i>Carrie Bryan</i>		Mother's Birthplace <i>Chas. Co. Md.</i>	
Name of person giving information <i>John Claggett</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

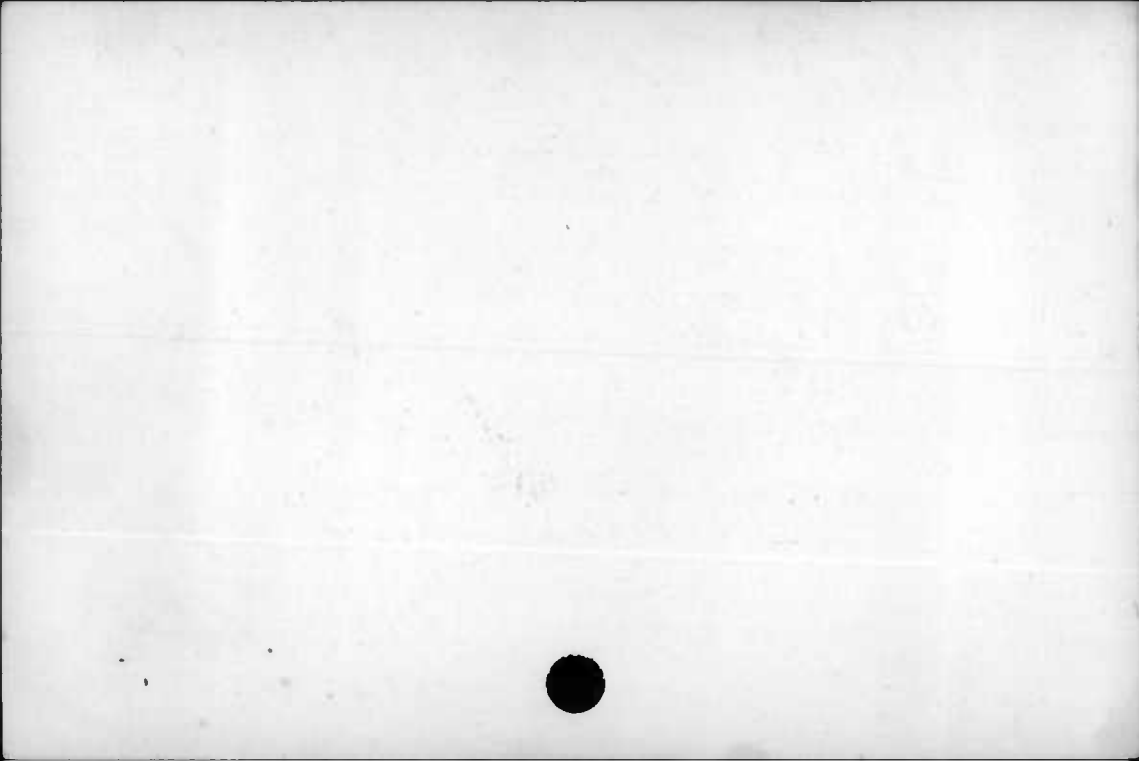
105-

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Cholera Infantum</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. D. Hunt</i>
	Address <i>Pinecattaway</i>
Accident or Suicide?	<i>Ind</i>



Name in Full		Columbus F Bonnick				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Aguasco		Prince George		MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1907		8	7	76		
		Sex		Color or Race		Birth-place		
		male		white		Aguasco Md		
		Occupation		Where Residing if not at place of death				
merchant								
Married, Single or Widowed		Name of Wife or Husband						
married		Rebecca Scott						
Father's Name		Father's Birthplace						
Elijah Bonnick		Md						
Mother's Maiden Name		Mother's Birthplace						
S. Dorcas Gibbon		Aguasco Md						
Name of person giving information		How related to deceased						
Richard B Robinson		son-in-law						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		How long				
		Cancer		(45)		2 years.		
		Immediate		How long				
		Cancerous tachyia		2 mos.				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician						
yes		H. Morton Bower						
no		Address						
Accident or Suicide?		Aguasco Md						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lizzie Coursey

Died at *Marlow, P. G.* Town *—* County *—*

Date of death *1907* Month *aug* Day *2* Age *40* Years Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *P. G. Md.*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Jacob Coursey*

Father's Name *Keet* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Matthews Wenzel* How related to deceased *Son in law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Valvular disease of heart* How long *2 yrs*

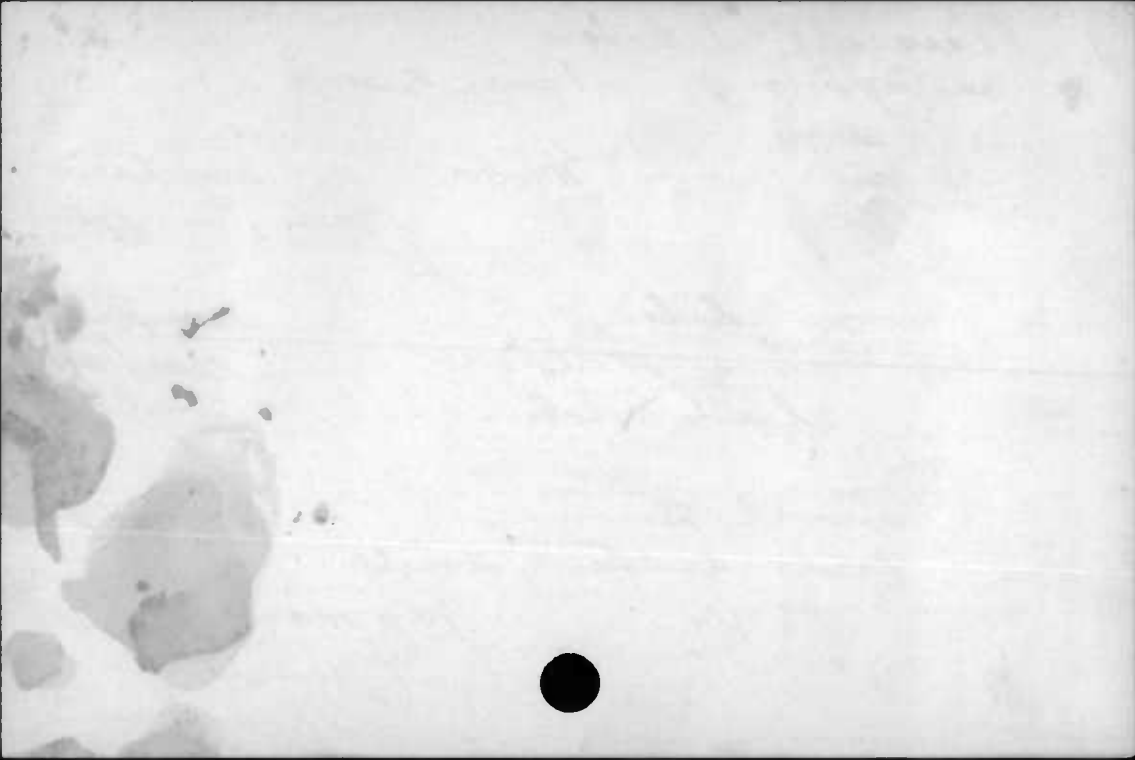
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. Griffith*

Address *Upper Harbor Md.*

Accident or Suicide? *—*



Name
in
Full

Russell Edelen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near Aquasco

Town

Prince George

County

MARYLAND

Date of death 1907 Aug

Month

Day 26

Day

Age Years

Months 11

Days

Sex male

Color or
Race

White

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of death

Washington D.C.

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

George Edelen

Father's
Birthplace

Maryland

Mother's
Maiden Name

Fanny Walton

Mother's
Birthplace

Maryland

Name of person giving
In formation

Elmer Edelen

How related
to deceased

Uncle

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary

Inguinal Hernia

How long

Born so

Immediate

Died suddenly at night

How long

a few hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

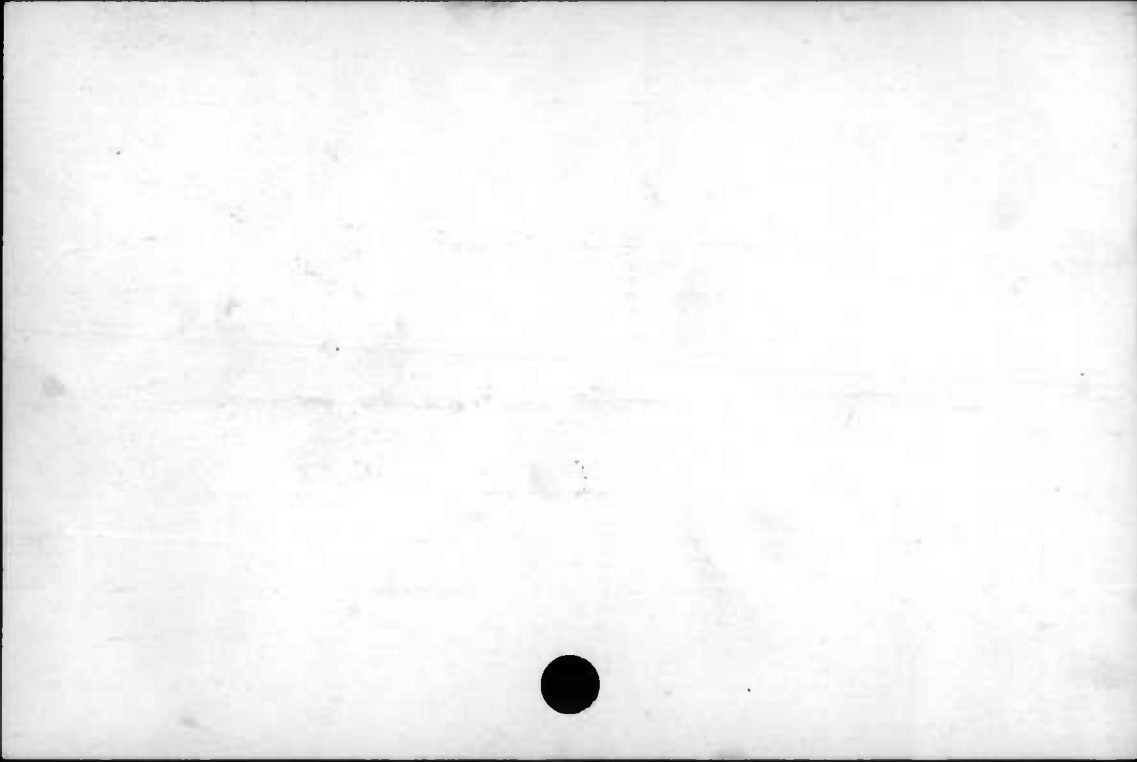
Signature of
Physician

H. M. Marbury MD

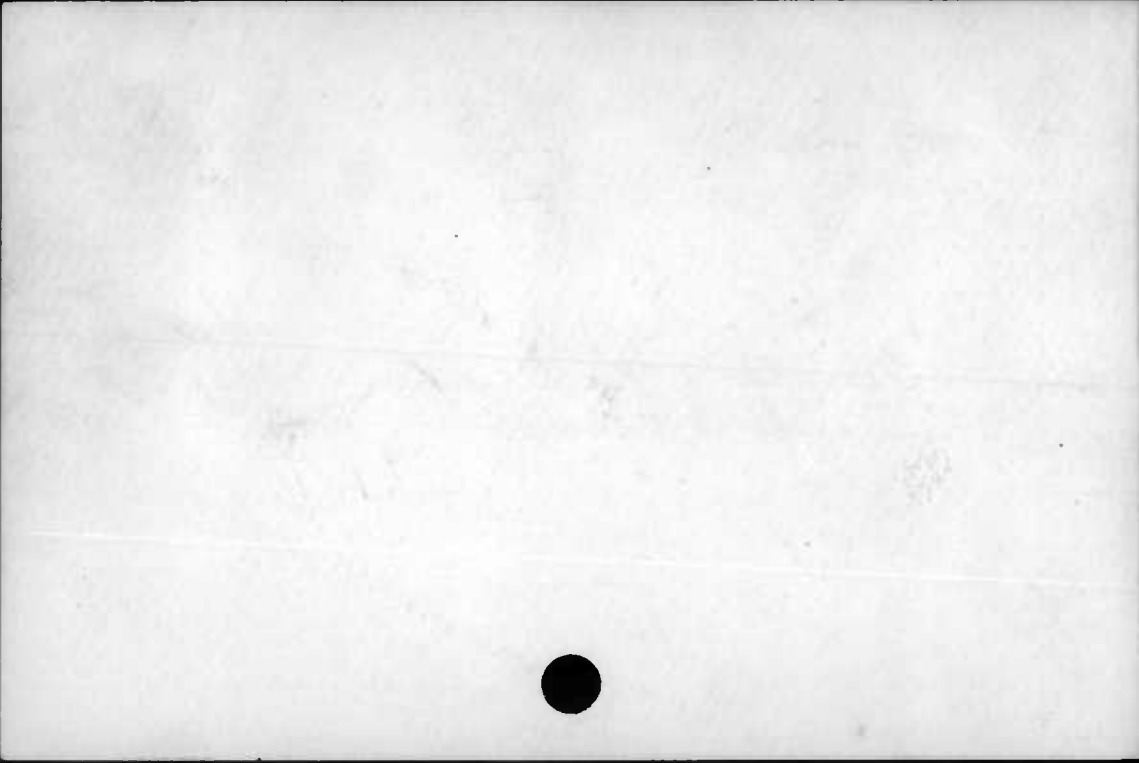
Address

Aquia
Maryland

Accident or Suicide?



Name in Full		Osgood Farrell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Geeland		County Plymouth		MARYLAND
	Date of death		190	Month 8	Day 11	Age Years 1	Months 6 Days
	Sex		male		Color or Race white		Birth-place md
	Occupation		None		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		John D. S. Farrell		Father's Birthplace		md
	Mother's Maiden Name		Mary Matha J. Carter		Mother's Birthplace		md
Name of person giving information		John D. O Farrell		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Exhaustion				How long 5 weeks
	Immediate		Child never nursed				How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Reverdy Passer		
					Address Upper Marlboro Maryland		
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

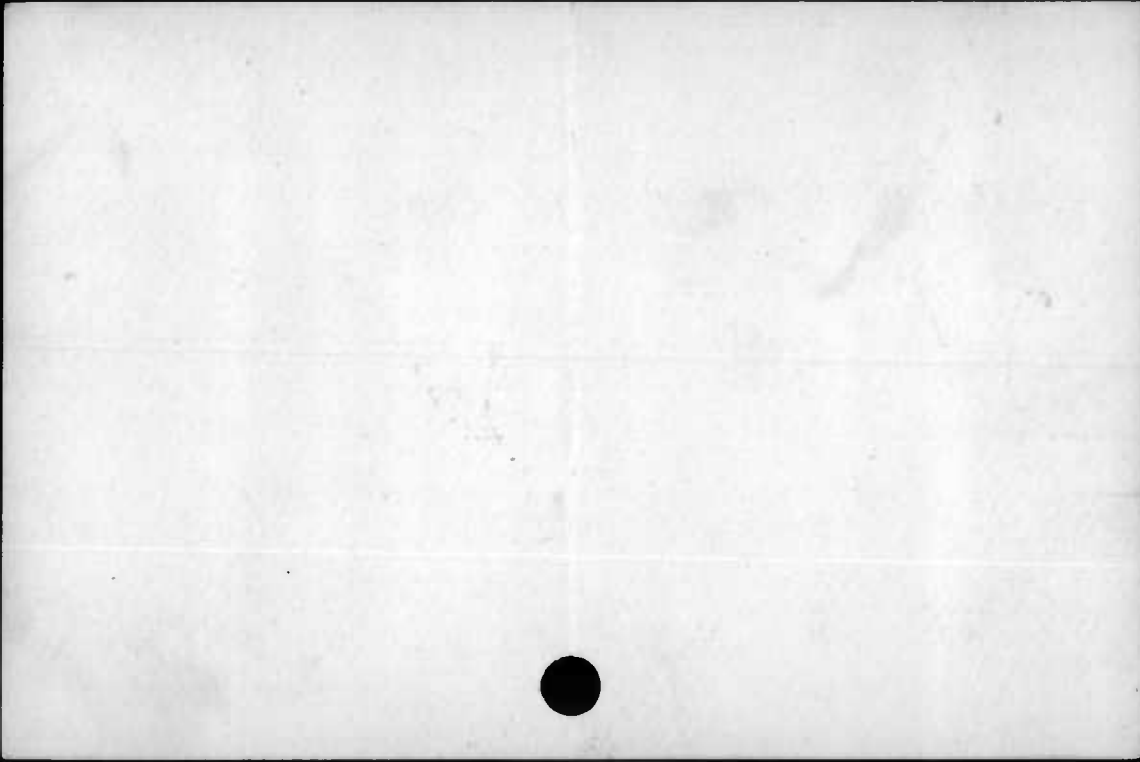
Name <i>John Denton Frey</i>		Town <i>Beltsville Md</i>		County <i>Prince Georges</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
<i>1907</i>		<i>august</i>		<i>1</i>		<i>2</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Sp...</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace <i>Wheeling W. Va.</i>			
Father's Name <i>Wilbert J. Frey</i>		Mother's Maiden Name <i>Florida V. Wolfe</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving In formation <i>Wilbert J. Frey</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>Two weeks</i>
Immediate <i>Prostration & vomiting</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. A. Fox</i>
	Address <i>Beltsville Md.</i>
Accident or Suicide?	



Name
in
Full

Maria Fritz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Bowen Road* ^{County} *P. es. Co.*

Date of death | *1907* ^{Month} *Aug* ^{Day} *29* ^{Age} *5* ^{Years} *4* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *D.C.*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Unknown* Father's Birthplace *D.C.*

Mother's Maiden Name *Unknown* Mother's Birthplace *D.C.*

Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

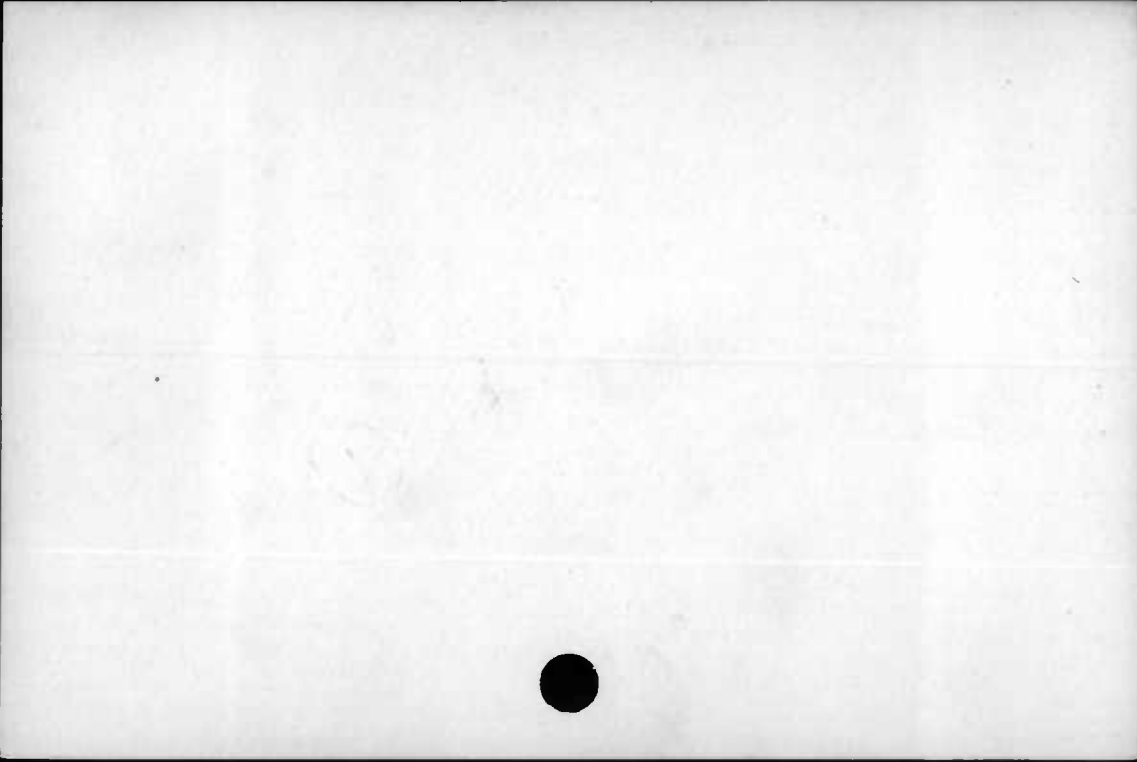
Primary *Typhoid Fever* How long *6 wks*

Immediate *Hyperstatic Congestion, lungs Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *J. B. Watson*

Address *Anacostia*

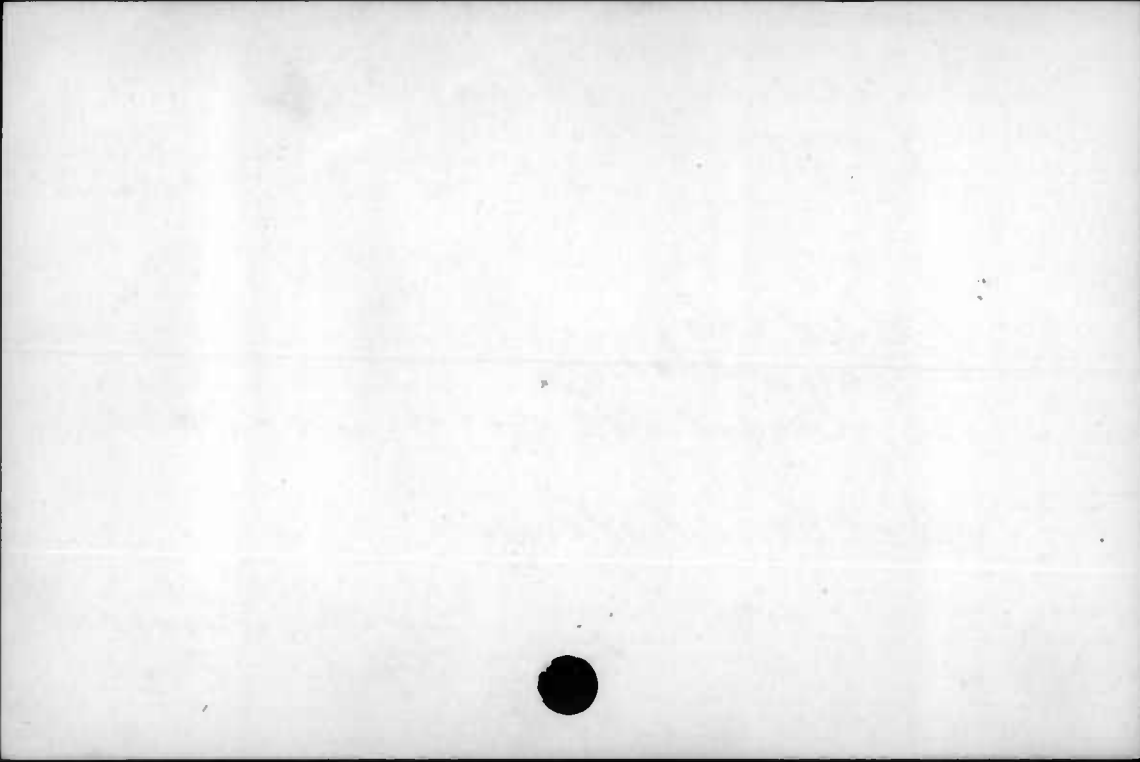
Accident or Suicide? *D.C.*



Name in Full Charles Mason Gray		CERTIFICATE OF DEATH	
Died at Cedarville ^{Town}		P.L. ^{County}	
Date of death 1907 Aug. ^{Month}		1 ^{Day}	8 ^{Months}
Age 1 ^{Years}		24 ^{Days}	
Sex male		Color or Race Colored	Birth-place Ma
Occupation None		Where Residing if not at place of death	
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Charles M. Gray		Father's Birthplace Ma	
Mother's Maiden Name Bertha A. Gray		Mother's Birthplace Ma	
Name of person giving information Chas. M. Gray		How related to deceased Father	
CAUSES OF DEATH			
Primary Cerebral meningitis		How long 10 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John A. Cor	
		Address F.B.	
Accident or Suicide?		8md	

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

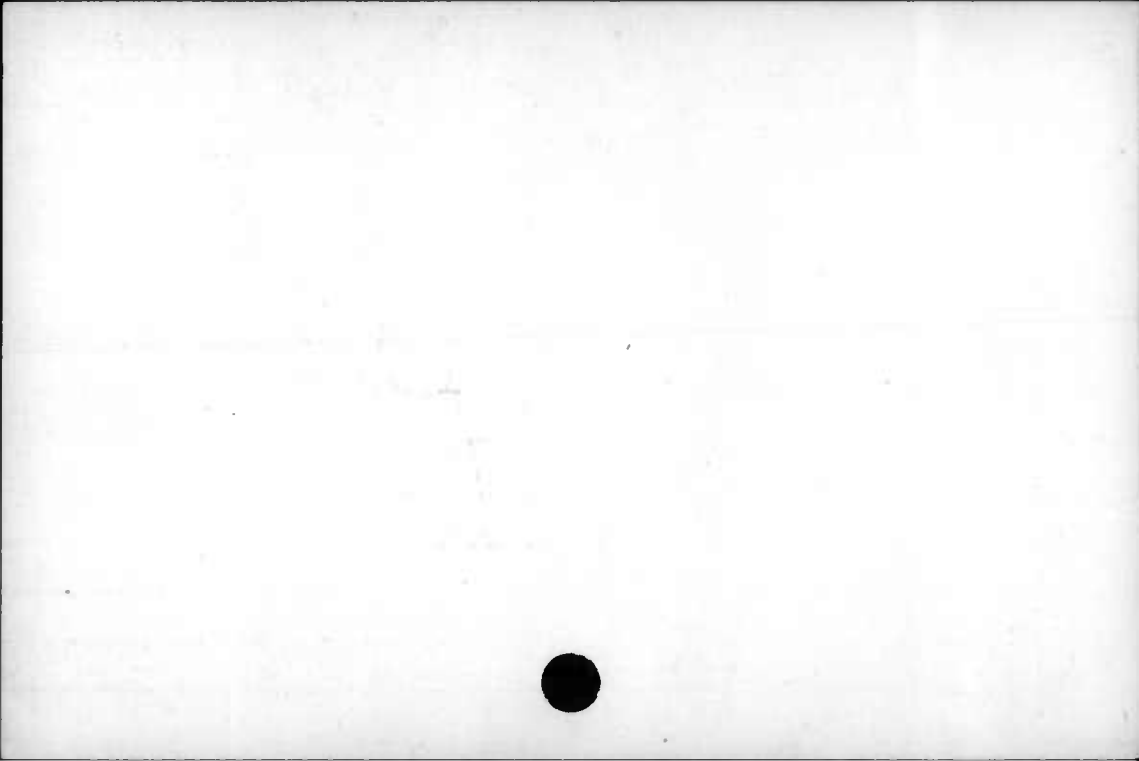
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mitchelville</i> ^{Town}		<i>Harrison</i> ^{County}		MARYLAND	
Date of death <i>1907 Aug</i> ^{Month}		<i>Twentieth</i> ^{Day}		<i>Years</i> ^{Months} ^{Days}	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>	
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Basil Harrison</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Maria Boone</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Basil Harrison</i>		How related to deceased <i>Father</i>			

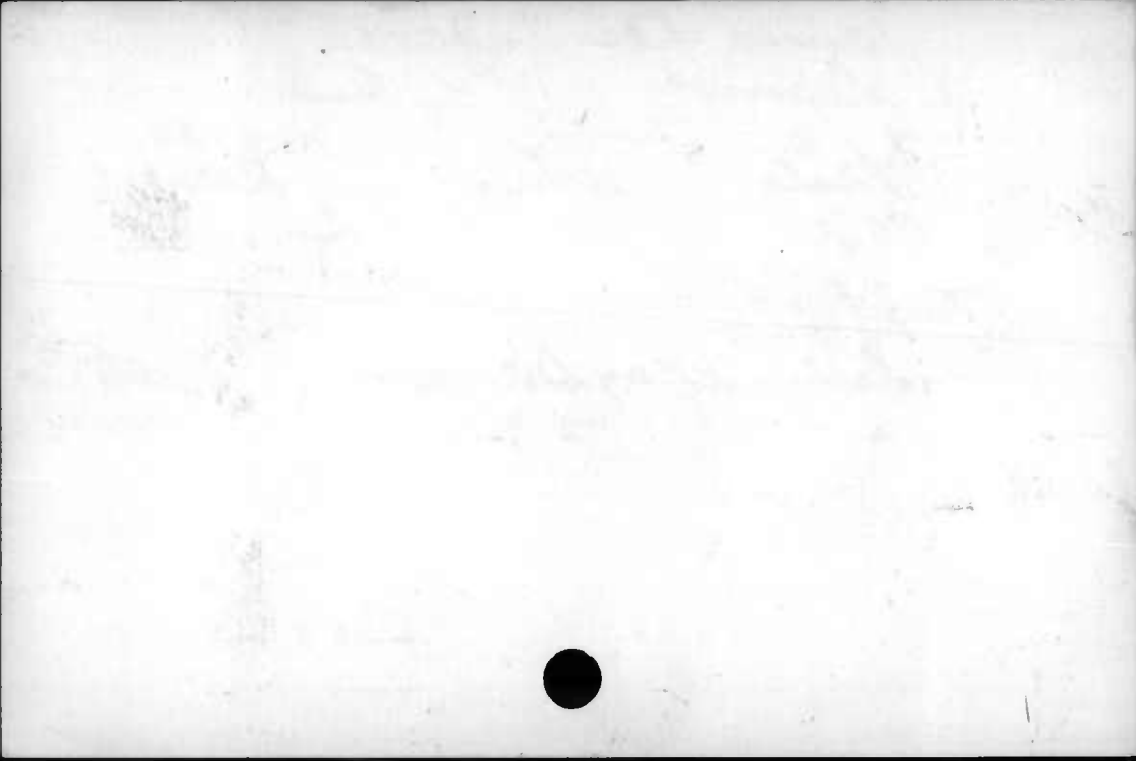
CAUSES OF DEATH

PHYSICIAN
OR CORONER

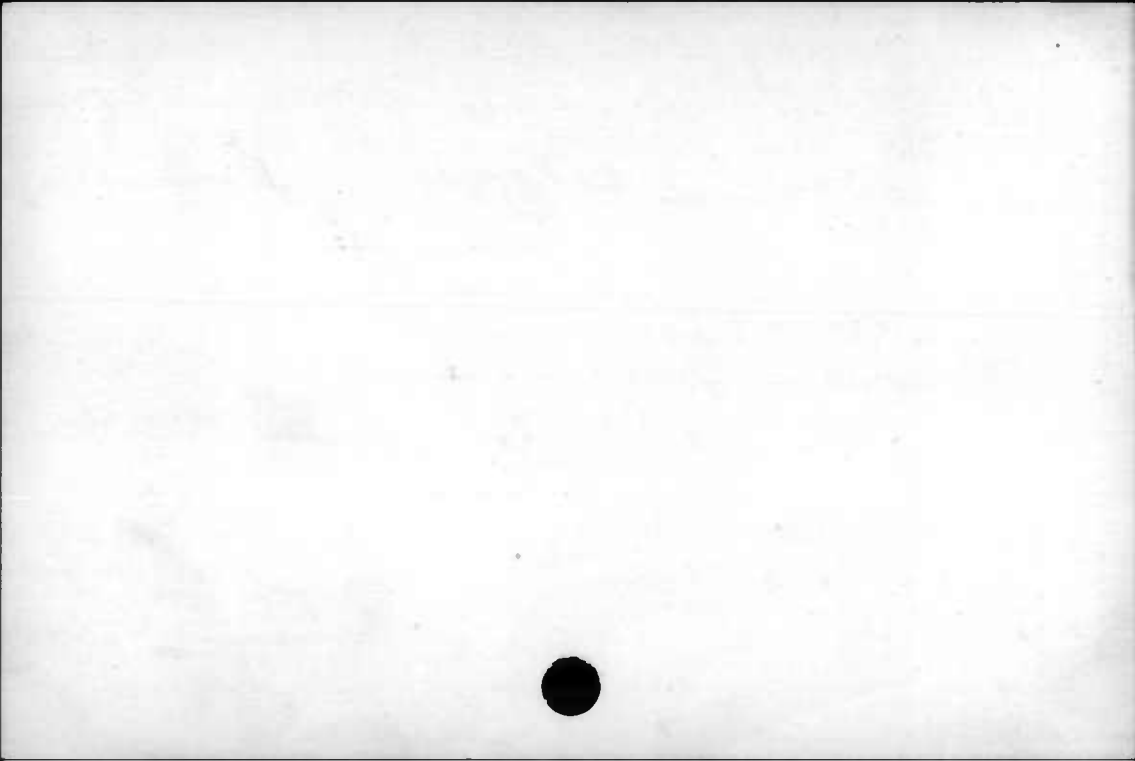
Primary <i>Sue born infant</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Henry J. Hiebel</i>
	Address <i>Acet Md.</i>
Accident or Suicide?	



Name in Full		George I. Henry				Town		County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Mitchellville						MARYLAND	
		Date of death		1907 Aug.		Day 30		Age 1		Months 3	
		Sex		Male		Color or Race		Colored		Birth-place	
		Occupation		None		Where Residing if not at place of death					
		Married, Single or Widowed		Single		Name of Wife or Husband					
		Father's Name		Bernard Henry		Father's Birthplace		Maryland			
		Mother's Maiden Name		Anna Carroll		Mother's Birthplace		Maryland			
Name of person giving information		Alice Carroll		How related to deceased		Grandmother					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary				71		How long			
		Immediate				Spasms		How long		2 1/2 hours	
		Are the name, age, sex, color, date and place correctly given above?				yes		Signature of Physician		None	
		Accident or Suicide?						Address		Walter Ryan Local Rep.	



Name in Full		James Lee Inscor.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Date of death		Month		Days	
		Sex		Color or Race		Birth-place	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
		Name of person giving information		How related to deceased			
		CAUSES OF DEATH				(105)	
PHYSICIAN OR CORONER		Primary		Cholera Infantum		How long	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
				Address		Laurel	
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDAloysius Jackson
Died at ^{Town} Upper Marlboro'

Prince George's County

MARYLAND

Date of death 1907 8 21 Age Years 5 Months — Days —

Sex Male Color or Race Colored Birthplace Washington D.C.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name George Jackson

Father's Birthplace —

Mother's Maiden Name Mary Jackson

Mother's Birthplace —

Name of person giving information Sandy Dent

How related to deceased none.

CAUSES OF DEATH

Primary Malnutrition 105

How long 5 or 6 hours

Immediate Asphyxia

How long been sick from birth.

Are the name, age, sex, color, date and place correctly given above? Yes

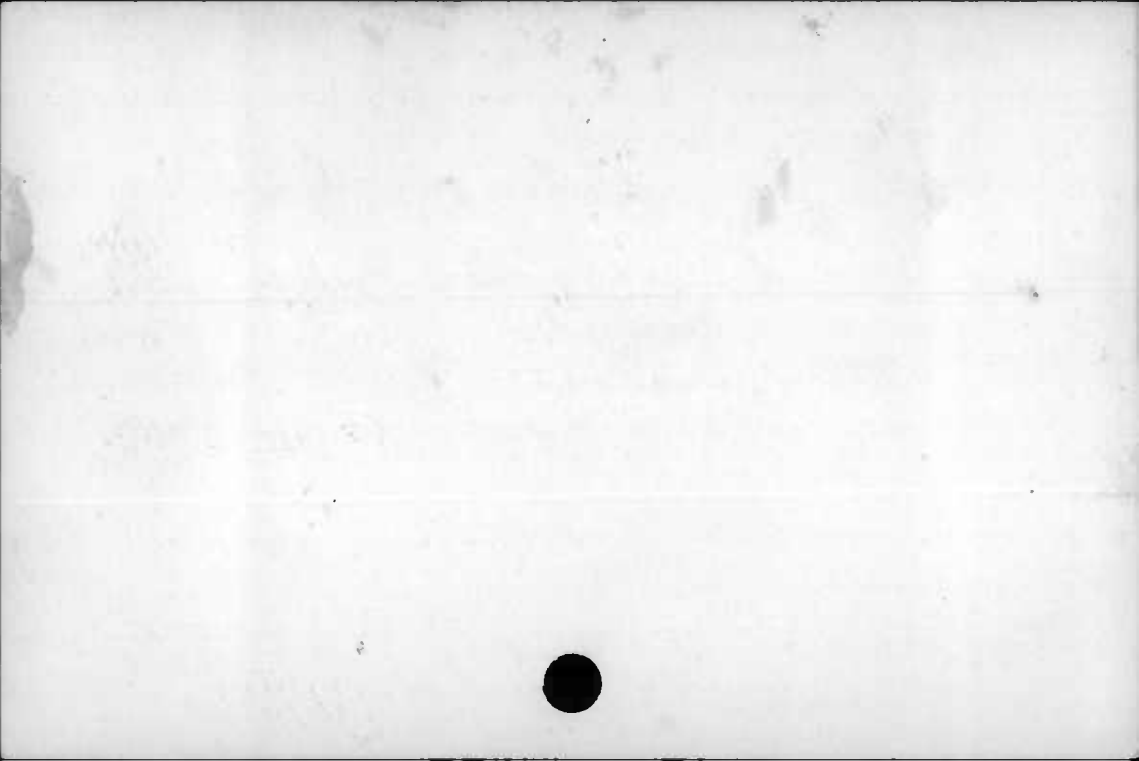
Signature of Physician Maren Stumes M.D.

Address

Marlboro

Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph Jennings</i>		Town <i>Takoma</i>		County <i>Prince Geo</i>		MARYLAND	
Died at <i>Takoma</i>		Month <i>Aug</i>		Day <i>6</i>		Years <i>71</i>	
Date of death <i>1907 Aug 6</i>		Age <i>71</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>			
Occupation <i>Clerk</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Martha Forney</i>					
Father's Name <i>Josiah Jennings</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Mary Grason</i>		Mother's Birthplace <i>England</i>					
Name of person giving information <i>Edward H Jennings</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

79

How long

How long

PHYSICIAN
OR CORONER

Primary *Tabular heart disease*
Exhaustion

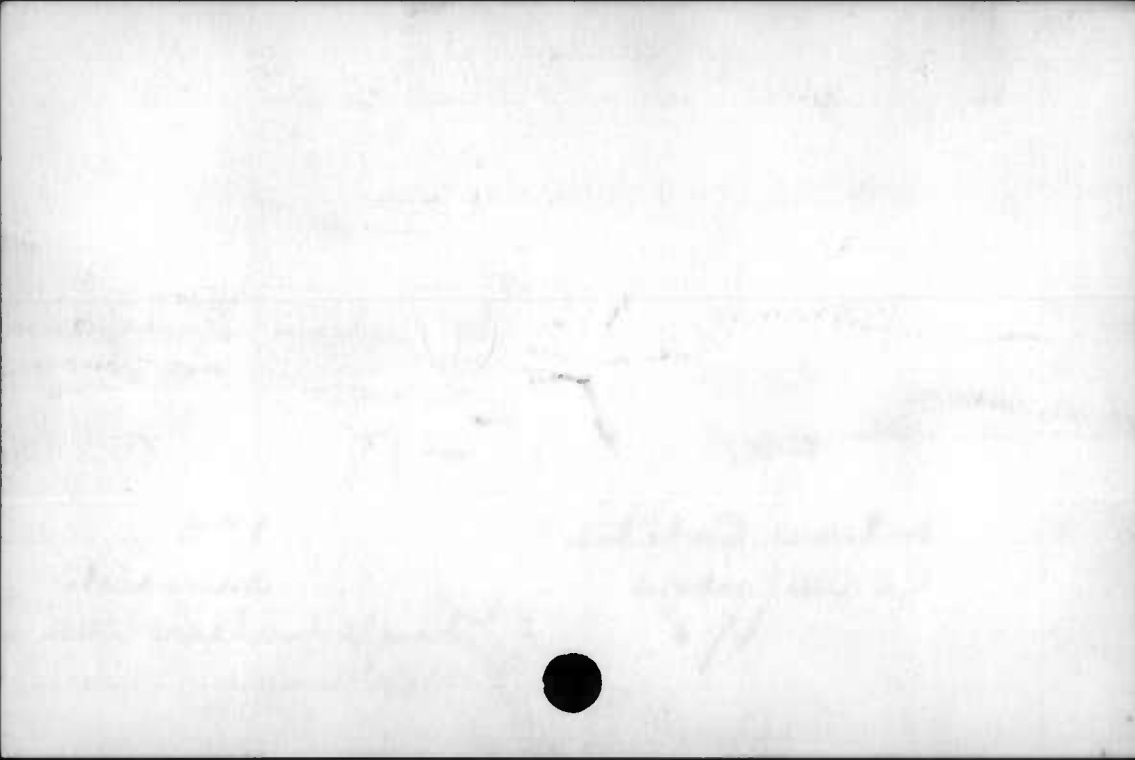
Immediate
 Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Alfred J. Parsons,
Takoma Park, Md.

Accident or Suicide?



Name
in
Full

Arthur Krams

CERTIFICATE OF DEATH

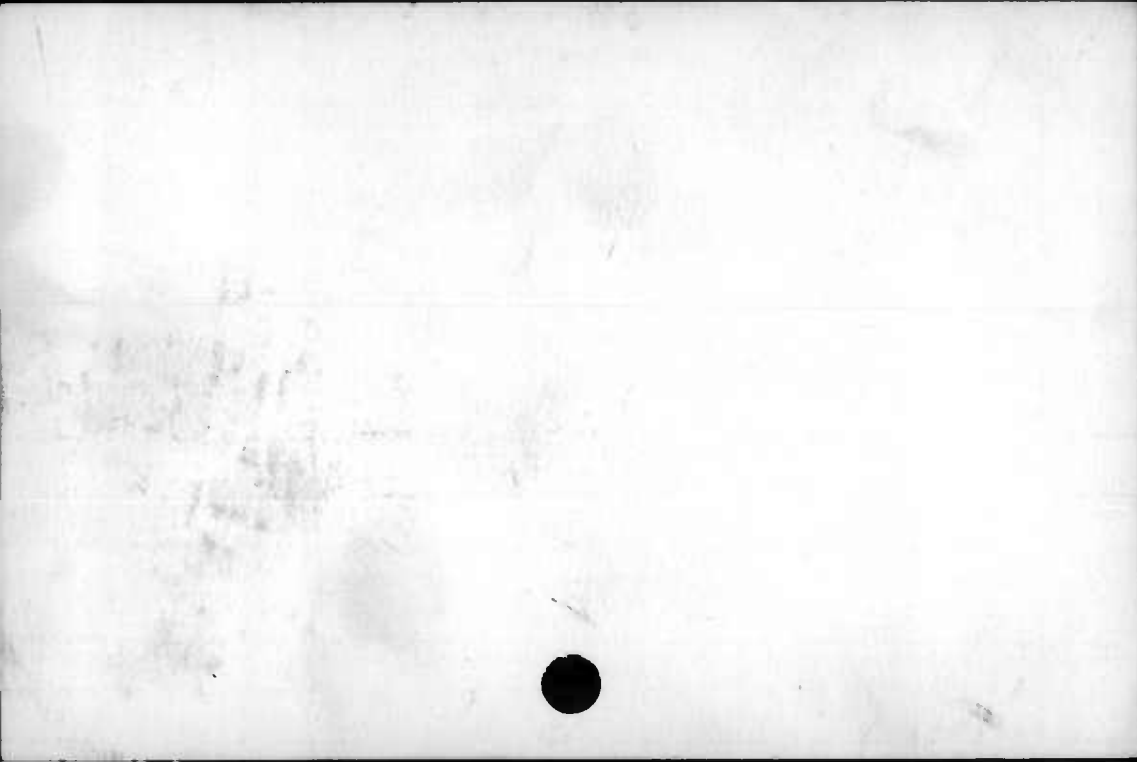
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hyattsville</i>		County <i>Prince George</i>		MARYLAND	
Date of death		190	Month <i>7</i>	Day <i>August 21</i>	Age Years	Months <i>7</i>	Days <i>27</i>
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth- place	<i>Hyattsville</i>
Occupation	<i>None</i>		Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	<i>Peter Krams</i>					Father's Birthplace	<i>New York</i>
Mother's Maiden Name	<i>Annie Batchelor</i>					Mother's Birthplace	<i>England</i>
Name of person giving In formation	<i>Annie Krams</i>					How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Intero-Colitis</i>	(105)	How long	<i>1 mo</i>
Immediate	<i>Convulsions</i>		How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	
			Address	
			<i>Hyattsville Md</i>	
Accident or Suicide?		<i>Neither</i>		



Name
in
Full

Ernest Elwood Loveless

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Open Hill* Town *P. Co.* County *MARYLAND*

Date of death *1907* Month *8* Day *6* Age *—* Years *—* Months *7* Days *4*

Sex *male* Color or Race *White* Birth-place *Md.*

Occupation *— none* Where Residing if not at place of death *—*

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Nathaniel Loveless*Father's
Birthplace*Md.*Mother's
Maiden Name*Grace Bivens*Mother's
Birthplace*D. C.*Name of person giving
information*Thomas Bivens*How related
to deceased*Grandfather*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

How long

12 hrs

Immediate

Toxemia

How long

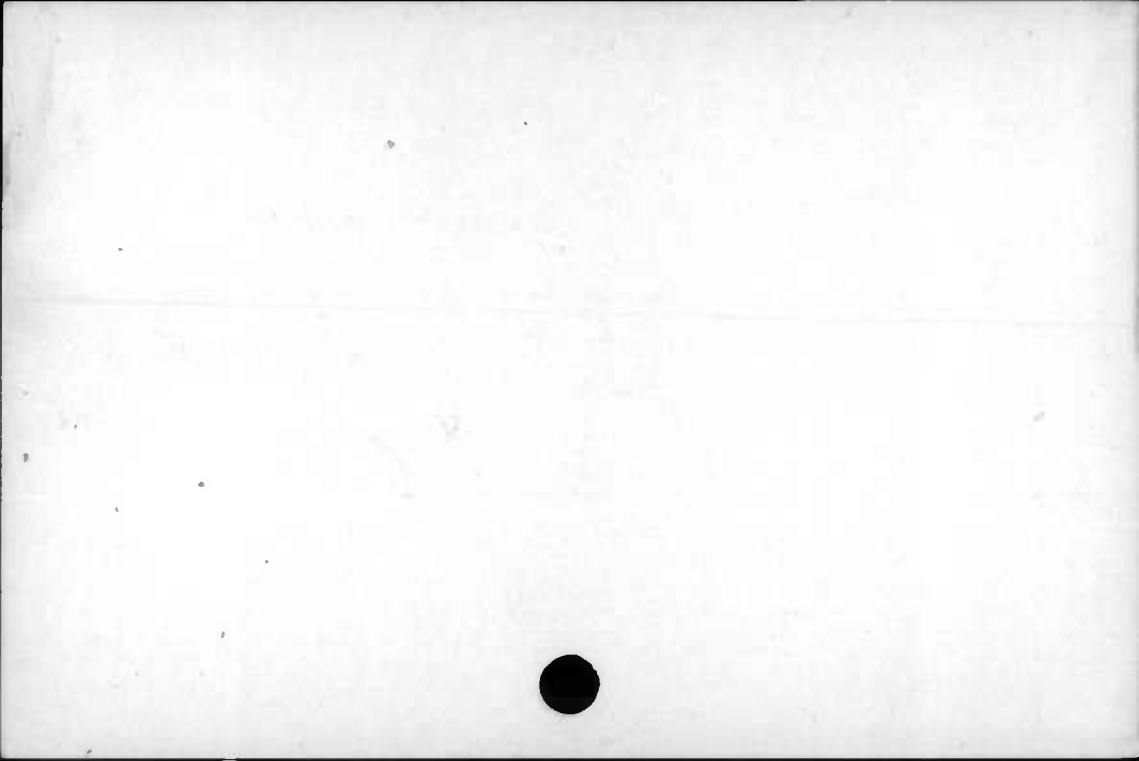
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*E. P. Simpson M.D.*

Address

E. P. SIMPSON, M.D.

ROSECROFT,

PR: GEO: CO.: MD.



Name
in
Full

Angeline Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

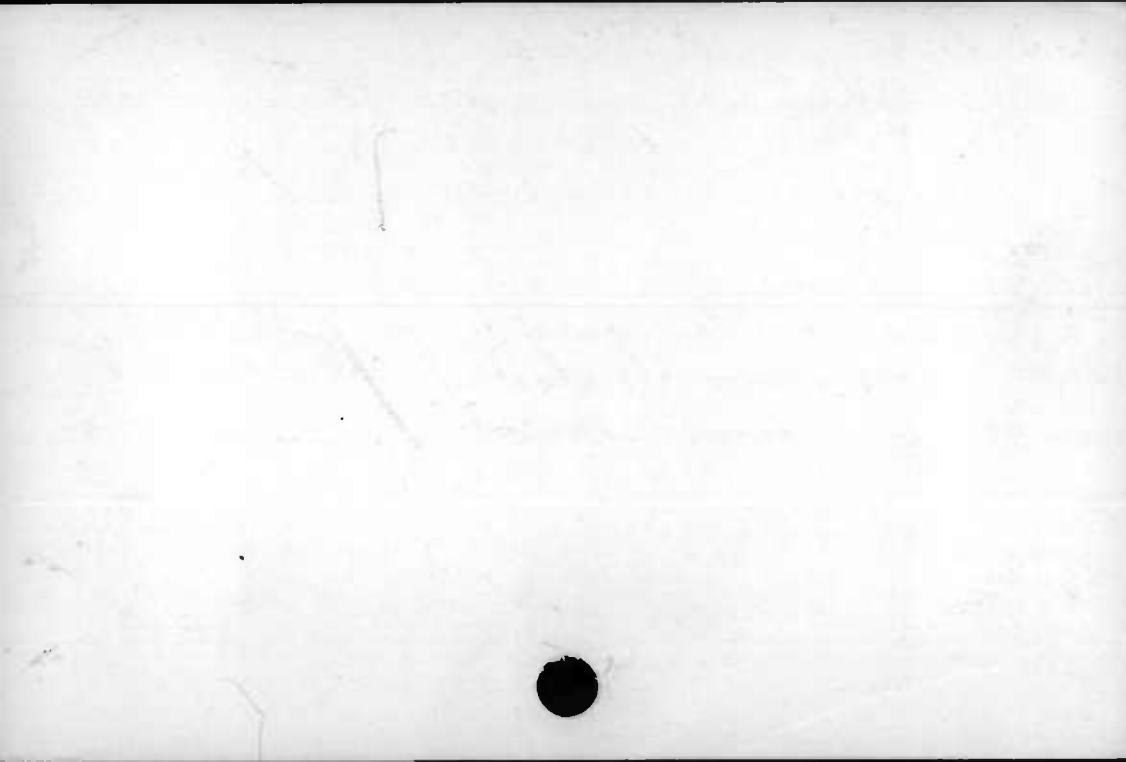
Died at		Town Laurel		County Prince Geo		MARYLAND	
Date of death 1907		Month 8	Day 18	Age Years 88		Months	Days
Sex Female		Color or Race White		Birth-place Laurel			
Occupation Quilting		Where Residing if not at place of death Laurel					
Married, Single or Widowed Single		Name of Wife or Husband -					
Father's Name Samuel Miller				Father's Birthplace -			
Mother's Maiden Name -				Mother's Birthplace -			
Name of person giving information Mrs. Addie Davis				How related to deceased Niece			

CAUSES OF DEATH

154
How long

PHYSICIAN
OR CORONER

Primary	Information of Age	How long
Immediate	General Debility	How long
Are the name, age, sex, color, date and place correctly given above?		
Yes		
Signature of Physician		John Brown
Address		Laurel Md.
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

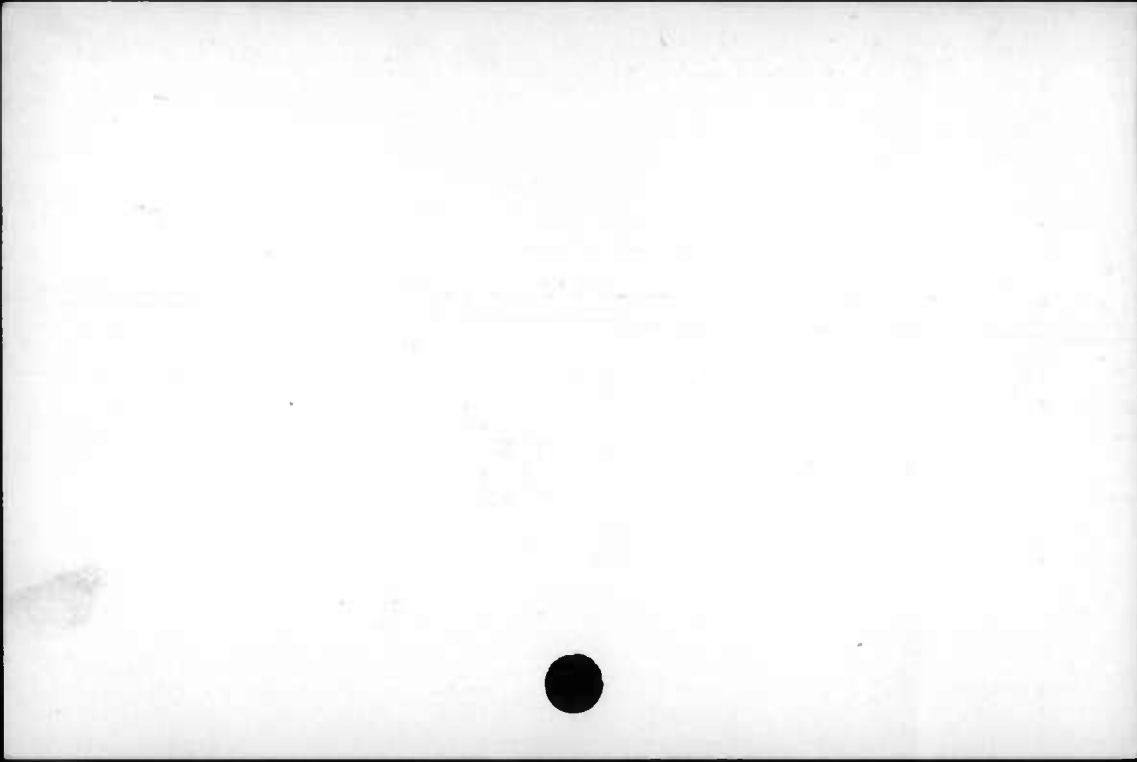
Name in Full <i>Georgianna N Mudd</i>		Town <i>Cheltenham</i>		County <i>Pr Geo</i>		State <i>MARYLAND</i>	
Died at <i>Cheltenham</i>		Month <i>Aug</i>		Day <i>22</i>		Years <i>70</i>	
Date of death <i>1907 Aug</i>		Month <i>Aug</i>		Day <i>22</i>		Years <i>70</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>Francis E. Mudd</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Susana Turtan</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Thomas N Mudd</i>		How related to deceased <i>brother</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Fatty Degeneration of Heart</i>		How long <i>not known</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Gibbons</i>	
		Address <i>Crown and</i>	
Accident or Suicide?			



Name
in
Full

Mary E. Newmann

CERTIFICATE OF DEATH

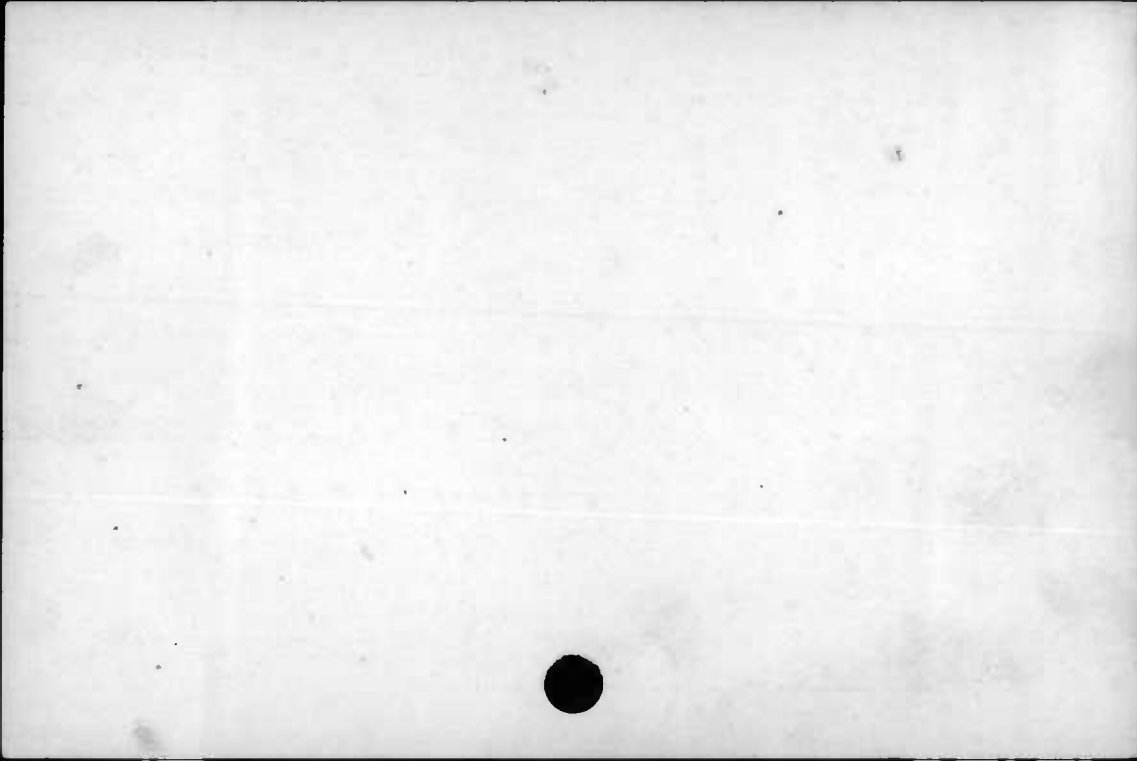
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cyon Hill</i>		County <i>Prince Geo</i>		MARYLAND	
Date of death	1907	Month	<i>Aug.</i>	Day	2
Age		Years	19	Months	4
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>M-d</i>
Occupation	<i>House work</i>		Where Residing if not at place of death <i>Prince Geo Co Md</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>Wm Newmann</i>		
Father's Name	<i>Charles Riley</i>		Father's Birthplace <i>M-d</i>		
Mother's Maiden Name	<i>Julia Proctor</i>		Mother's Birthplace <i>M-d</i>		
Name of person giving information	<i>Wm Newmann</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastritis</i>	How long	<i>6 months</i>
Immediate	<i>asthenia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Jos M. Parkers</i>	
Address		<i>Congress Heights D.C.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

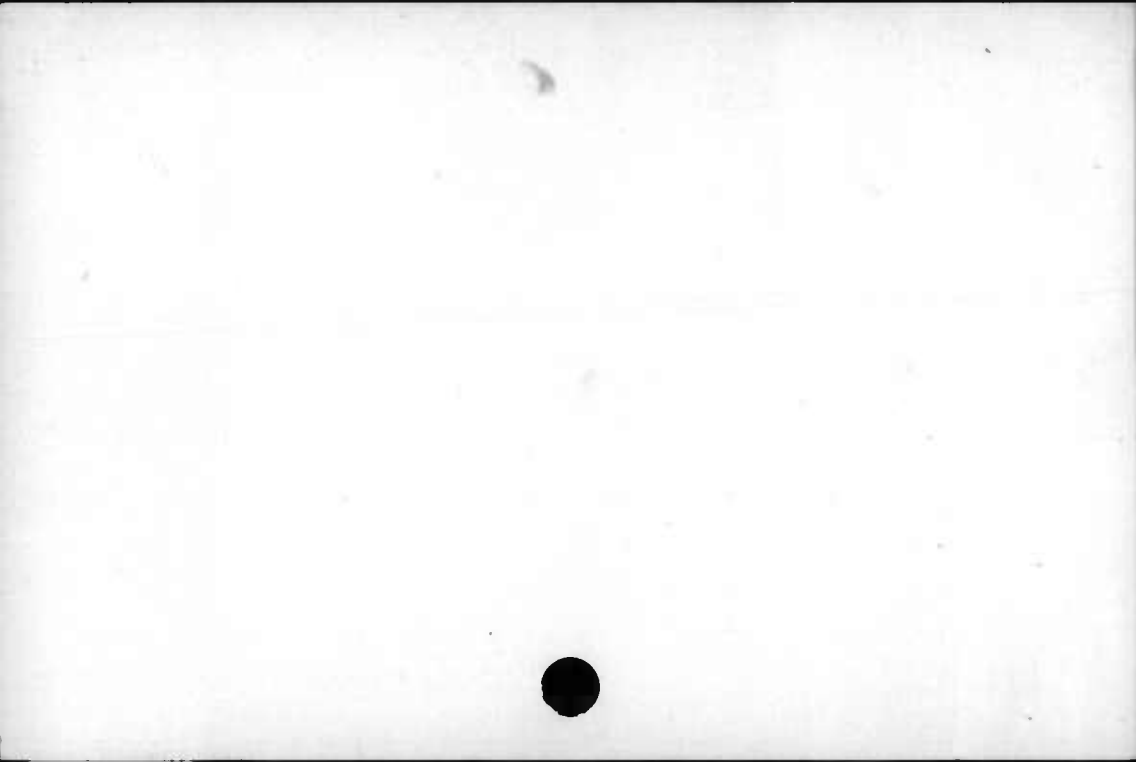
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clinton</i> Town <i>P. G.</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>7th</i>	Age <i>7</i> Years <i>7</i> Months <i>7</i> Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Ind</i>	
Occupation <i>House</i>	Where Residing if not at place of death <i>A House</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Joseph Proctor</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Ida Brown</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>J. L. Weaving</i>	How related to deceased <i>Noted</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Interruption of breathing</i>	How long <i>10 hours</i>
Immediate <i>Asphyxiation</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James L. Weaving</i>
	Address <i>Clinton Ind</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Hobbs L. Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Washington D.C. ^{Town}

County

MARYLAND

Date of death 1907 Aug ^{Month}

Day

Age

Years

Months

Days

Sex

MaleColor or
RaceBlackBirth-
placeM-d

Occupation

LaborerWhere Residing if not
at place of deathD.C.Married, Single
or WidowedName of Wife or
HusbandFather's
NameWm ProctorFather's
BirthplaceM-dMother's
Maiden NameMary NewmanMother's
BirthplaceM-dName of person giving
InformationAlbert NewmanHow related
to deceasedUncle

CAUSES OF DEATH

Primary

Typhoid Fever

How long

3 weeks

Immediate

Asaemia

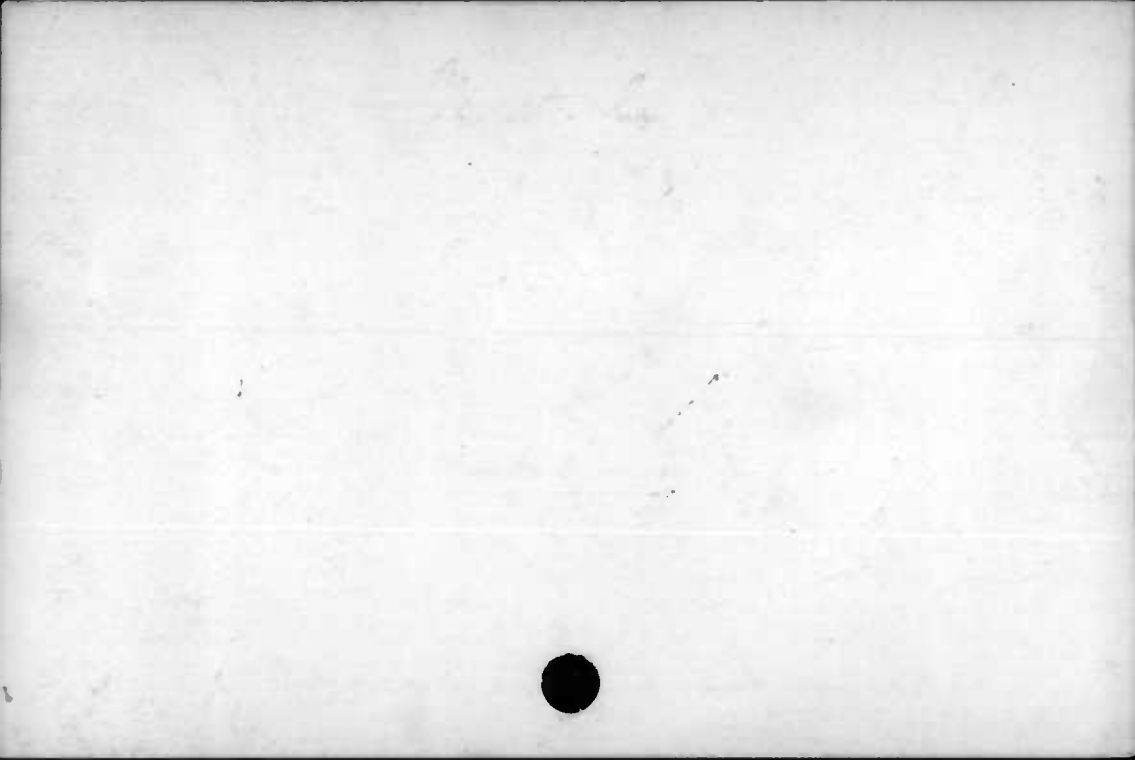
How long

1 weekAre the name, age, sex, color, date
and place correctly given above?yesSignature of
Physician

Address

J. M. Parker M.D.
Congress Heights
D.C.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

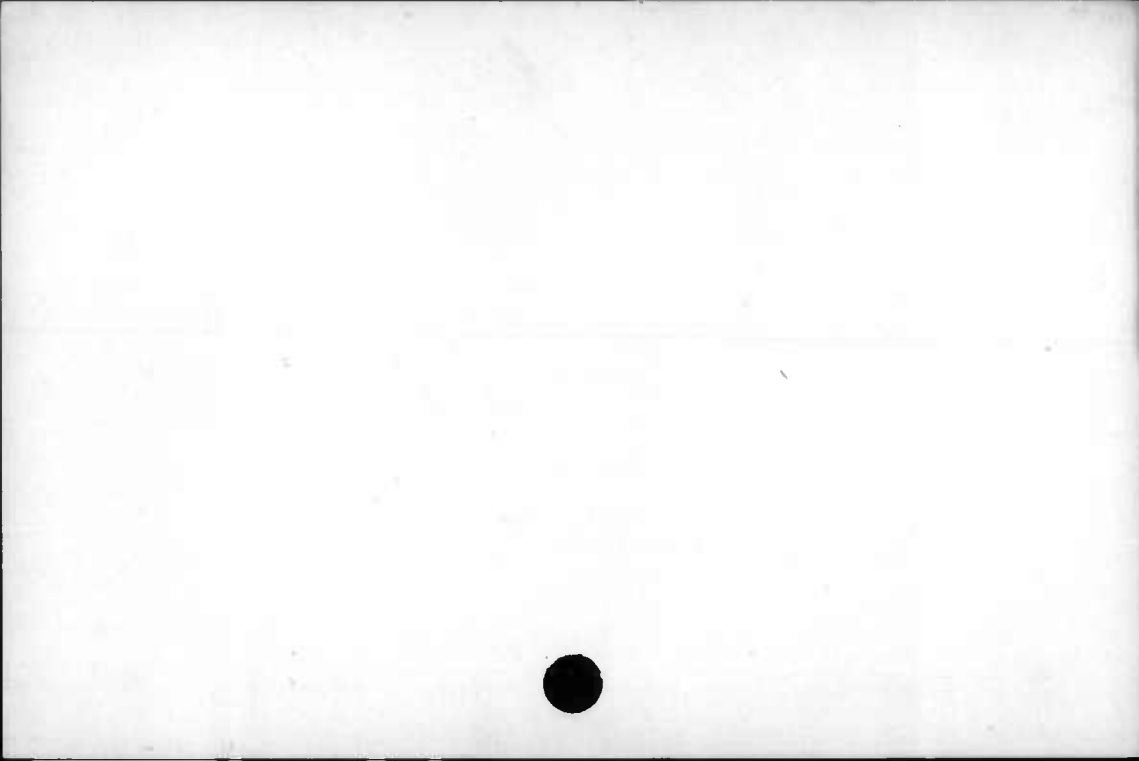
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Mary M Robinson		Town Rosaryville		County P. G.		State MARYLAND	
Died at Rosaryville		Date of death 1907 Aug 23		Age 1		Months 3	
Sex Female		Color or Race Colored		Birthplace md			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Joseph Robinson		Father's Birthplace md					
Mother's Maiden Name Mary Jackson		Mother's Birthplace md					
Name of person giving information Joseph Robinson		How related to deceased father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Marasmus	How long (151)
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. H. Gibbons
	Address Green md
Accident or Suicide?	



Name
in
Full

Elizabeth Cecelia Root

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

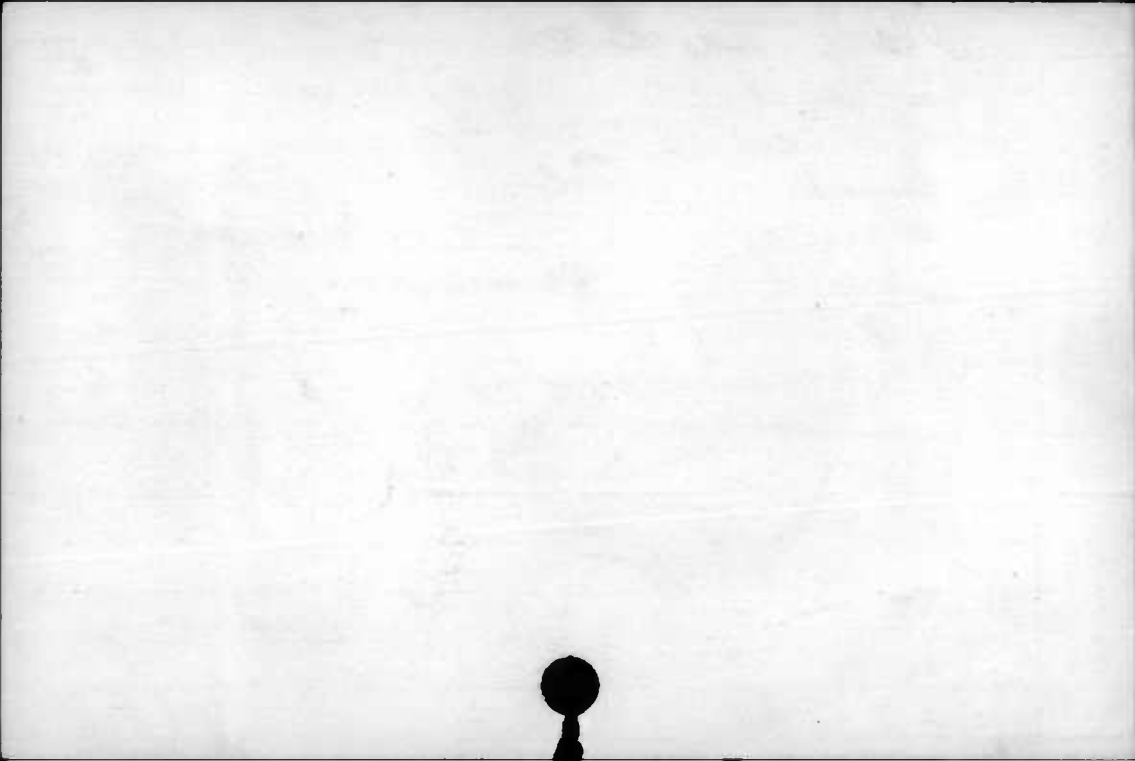
Died at		Town Laurel		County Prince Geo		MARYLAND	
Date of death	1907	Month Aug	Day 17	Age 50	Years	Months	Days
Sex	Female		Color or Race	White		Birth-place	Laurel
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Cyrus Root				
Father's Name	Samuel Owens				Father's Birthplace	Annapolis	
Mother's Maiden Name	Annie M. Owens				Mother's Birthplace	Co. Md	
Name of person giving information	Mrs. Caroline Higgins				How related to deceased	Sister	

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	Cerebral Abscess		How long	6 weeks
Immediate	Asthma		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. R. Hunt		
Address		Laurel		
Accident or Suicide?				



Name
in
Full

Carroll Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Murkrick ^{Town} Penn ^{County} Geo ^{MARYLAND}

Date of death 1907 ^{Month} 8 ^{Day} 9 ^{Age} 16 ^{Years} — ^{Months} — ^{Days}

Sex Male Color or Race black Birth-place md

Occupation Laborer Where Residing if not at place of death —

~~Marrried~~, Single
or ~~Widowed~~Name of Wife or
HusbandFather's
Name

Gustavus Ross

Father's
Birthplace

md

Mother's
Maiden Name

Sarah Harrison

Mother's
Birthplace

md

Name of person giving
Information

Gus Ross father

How related
to deceased

father

CAUSES OF DEATH

Primary

Typhoid fever

How long

4 weeks

Immediate

Toxaemia

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

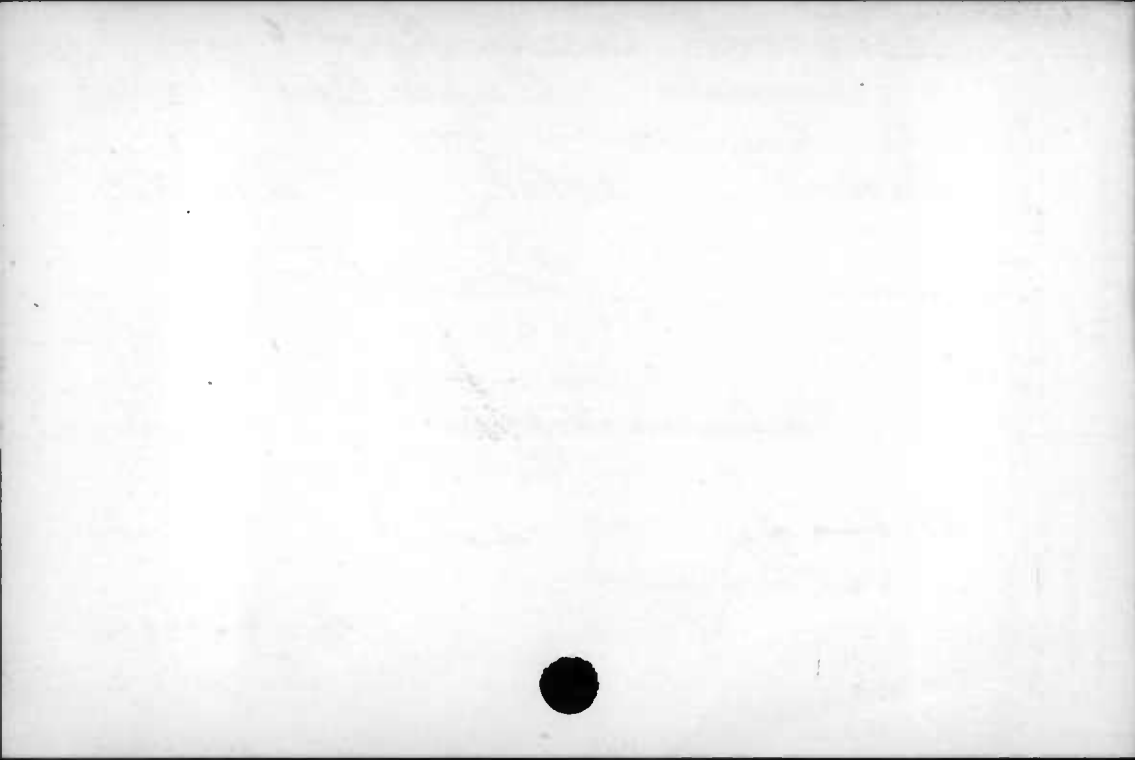
Signature of
Physician

W. F. Taylor

Address

Laurel Md

~~Accident or Suicide?~~



Name
in
Full

Henetta Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marlboro</i>		Town		<i>Prince Geo</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>August</i>		Day <i>4</i>		Age <i>70</i>		Years	
Sex <i>female</i>		Color or Race <i>Colored</i>		Birth-place <i>Mount Pleasant</i>		Months		Days	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Marlboro</i>		Name of Wife or Husband <i>Benac Simmons</i>		Married, Single or Widowed <i>widow</i>		Father's Name <i>not known</i>	
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>" "</i>		How related to deceased <i>Step Son</i>		Name of person giving information <i>Andrew Simmons</i>		Father's Birthplace <i>don't know</i>	

CAUSES OF DEATH

Primary <i>not known</i>		How long <i>179</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>No Physician</i>	
Address <i>(Address) L. E. Padgett Hopper Marlboro Md</i>		Address <i>Sut Register 1015 1st</i>	
Cause of Death? <i>(Address) L. E. Padgett Hopper Marlboro Md</i>		Cause of Death? <i>(Address) L. E. Padgett Hopper Marlboro Md</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Marion L. Sioussa</i>		Town <i>Lanham Sta</i>		County <i>Pr George</i>		MARYLAND	
Died at		Month <i>Aug</i>		Day <i>First</i>		Years <i>5</i>	
Date of death <i>1907</i>		Age <i>5</i>		Months <i>5</i>		Days <i>5</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Washington D.C.</i>			
Occupation <i>Infant</i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>John N. Sioussa</i>				Father's Birthplace <i>Washington D.C.</i>			
Mother's Maiden Name <i>Alice H. O'Brien</i>				Mother's Birthplace <i>Washington D.C.</i>			
Name of person giving information <i>John N. Sioussa</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

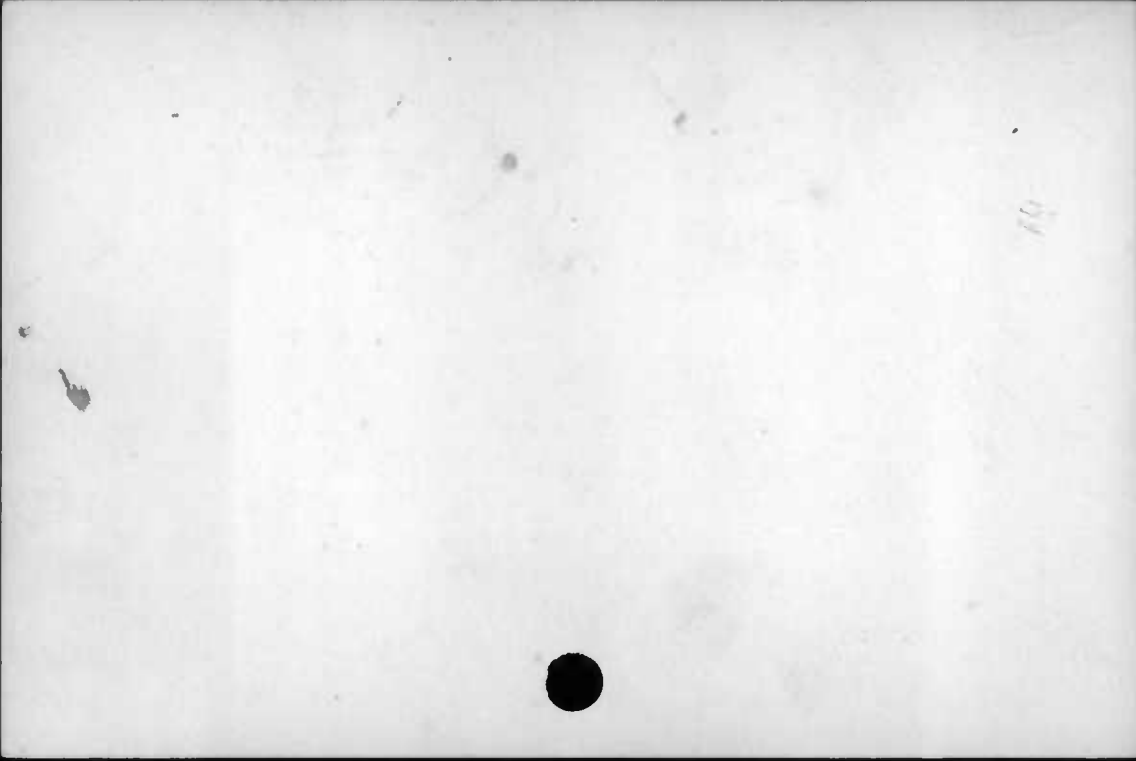
104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>		How long <i>A few hours</i>	
Immediate <i>Shock Cardiac failure</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. B. Driscoll M.D.</i>	
		Address <i>Hyattsville Md</i>	
Accident or Suicide? <i>yes</i>		<i>Pr George Co.</i>	



Name in Full		Smith, J.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Forestville,		County P. Es. Co.		MARYLAND
	Date of death	1907	Month	Aug.	Day	8	Age
	Sex		male		Color or Race		White
	Occupation		none		Birth-place		md.
	Where Residing if not at place of death						
	Married, Single or Widowed		Name of Wife or Husband		(S)		
	Father's Name		James H. Smith		Father's Birthplace		md.
Mother's Maiden Name		Emma J. Hudson		Mother's Birthplace		md.	
Name of person giving information		James S. Smith		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Delayed Delivery		(S)		How long
	Immediate		Still Born				How long
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		John C. Sanbury
					Address		Forestville, md.
	Accident or Suicide?		neither				



Name
in
Full

Gladys Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Tututugan* Town*P. G.* County

MARYLAND

Date of death *1907* *Aug* MonthDay *11*

Age

Years

Months *6*

Days

Sex *Female*Color or
Race*Colored*Birth-
place*Ma*

Occupation

*none*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*John T. Smith*Father's
Birthplace*Mad*Mother's
Maiden Name*Flora Carrale*Mother's
Birthplace*Mad*Name of person giving
In formation*John T. Smith*How related
to deceased*father*

CAUSES OF DEATH

105

Primary

Gastro-Enteritis

How long

week

Immediate

I don't know

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*W. H. Gibbons**Room and*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marlboro</i> Town		<i>P.E.</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>19</i>	Age <i>-</i>	Months <i>2</i>	Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birthplace <i>Ma.</i>			
Occupation <i>-None</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Louis Smith</i>	Father's Birthplace <i>P.E. Va</i>				
Mother's Maiden Name <i>Wood</i>	Mother's Birthplace <i>P.E. Va</i>				
Name of person giving information <i>Frank Wood</i>	How related to deceased <i>Grandfather</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Don't know</i>	How long <i>-</i>
Immediate <i>Cholera & dysentery. I suspect</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Griffith</i>
<i>Meant saw it</i>	Address <i>1111 Marlboro Md</i>
Accident or Suicide?	



Name
in
Full

Mamie Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Brentwood*

Town

Prince Geo.

County

Date of death *1907 Aug*

Month

Day

*30*Age *39*

Years

Months

Days

Sex *Female*Color or
Race *white*Birth-
place *Washington D.C.*

Occupation

*None*Where Residing if not
at place of deathMarried, Single
or Widowed*married*Name of Wife or
Husband*Triggs Smith*Father's
Name*David Smith*Father's
Birthplace*Virginia*Mother's
Maiden Name*Virginia Lincoln*Mother's
Birthplace*Virginia*Name of person giving
In formation*George M. Triggs*How related
to deceased*brother.*

CAUSES OF DEATH

Primary

Acute Alcoholism

How long

6 weeks

Immediate

Exhaustion

How long

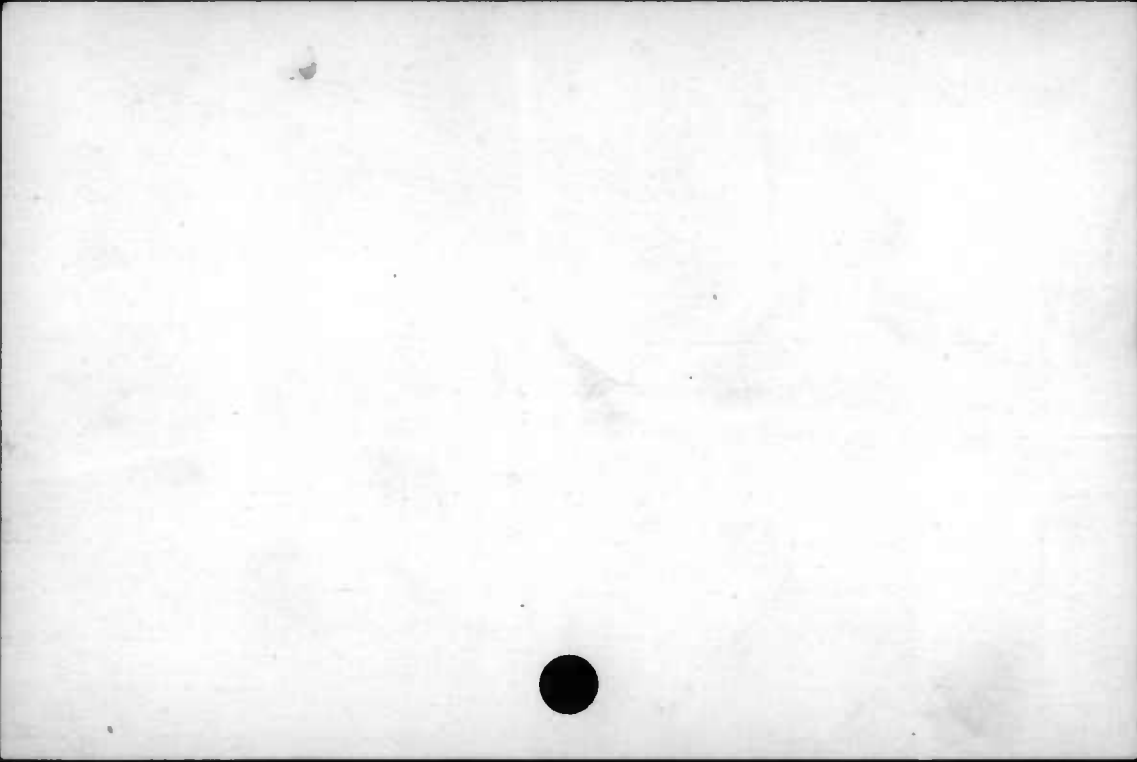
*Sudden*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*acting
Crown**G. H. Strickell*

Address

Brentwood, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Largo</i> Town		<i>Smith</i> County		MARYLAND	
Date of death 190 <i>1</i>	Month <i>Aug</i>	Day <i>11th</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Samuel Smith</i>		<i>(S)</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Louis Jacobus</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Samuel Smith</i>		How related to deceased <i>Father</i>			

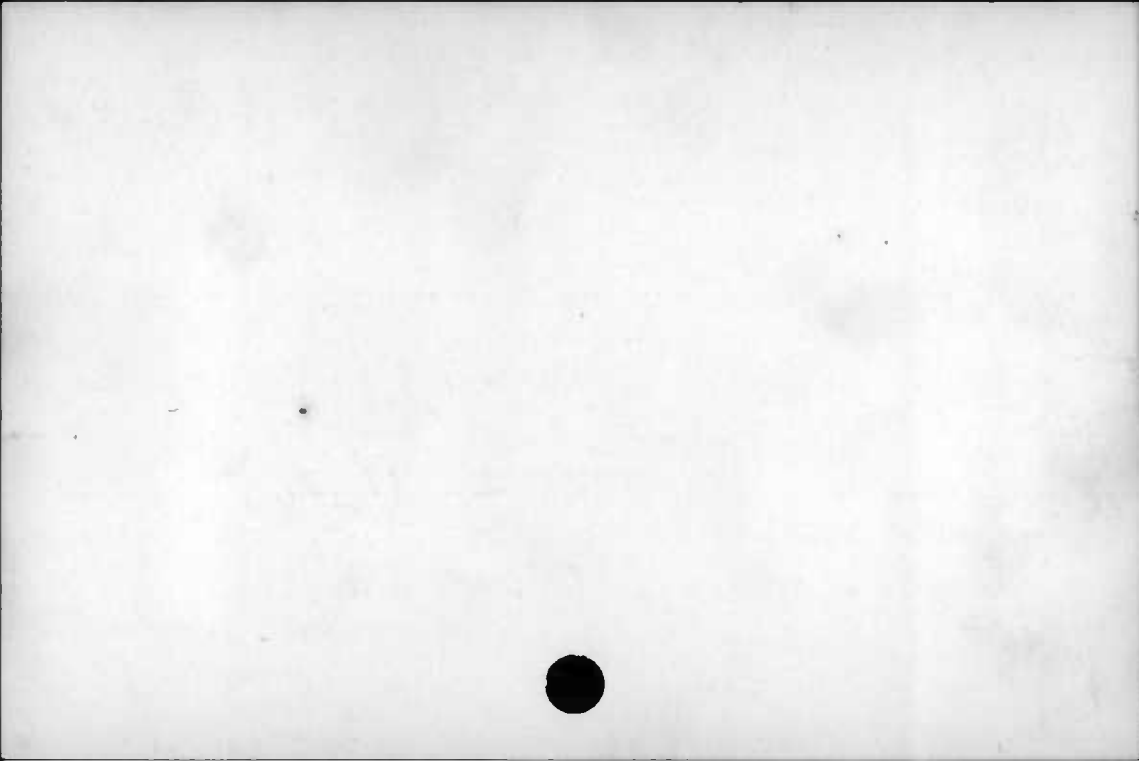
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born infant</i>	<i>(S)</i>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Henry J. Kiehl</i>	
		Address <i>Adel Md.</i>	
Accident or Suicide?			



Name in Full		Venelia Swann				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Sutland		P. Y. Co.		MARYLAND	
	Date of death	1907	Aug	9	Age	10	Months
	Sex	Female		Color or Race	White		
	Occupation	None		Where Residing if not at place of death		Sutland P. Y. Co.	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John Swann			Father's Birthplace P. Y. Co. Md		
	Mother's Maiden Name	Ella Randal			Mother's Birthplace P. Y. Co. "		
Name of person giving information	Bessie Randal			How related to deceased Grandfather			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid Fever				How long	6 days
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		John E. Sansbury	
				Address		Forestville Md.	
Accident or Suicide?							



Name
in
Full

Clarence Eugene Sweeney

CERTIFICATE OF DEATH

Died at ^{Town} Upper Marlboro ^{County} Prince Georges

MARYLAND

Date of death 190 ^{Month} 8 ^{Day} 11 ^{Age} 2 ^{Years} ^{Months} ^{Days}

Sex Male Color or Race White Birth-place Upper Marlboro

Occupation Where Residing if not at place of death Upper Marlboro -

Married, Single ~~or Widowed~~ Single Name of Wife or Husband

Father's Name Eugene S. Sweeney

Father's Birthplace Ind

Mother's Maiden Name Estelle Sweeney

Mother's Birthplace D. C.

Name of person giving information S. M. Sweeney

How related to deceased Grandfather.

CAUSES OF DEATH

1105

Primary Cholera Infantum

How long 18 hours

Immediate Inflammation of Brain

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Mareen D. Stummes MD

Address

Upper Marlboro

Accident or Suicide?

Ind.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Maria Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

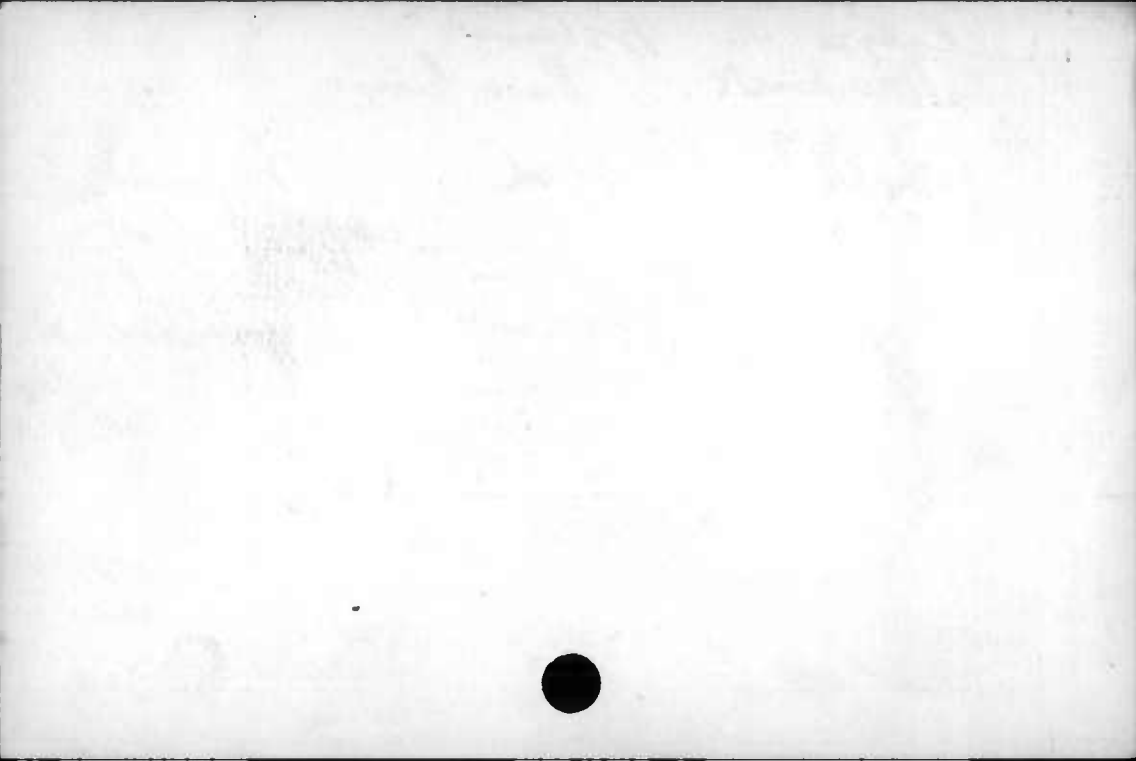
Died at <i>Randlettown</i> ^{Town}		<i>Pr. Geo.</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Aug</i>	Day	<i>14</i>
Age	<i>53</i>	Years	<i>6</i>	Months	<i>6</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Pr. Geo Co. Md</i>
Occupation	<i>Housewife</i>		Where Residing If not at place of death <i>Randlettown Md</i>		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Deceased</i>		
Father's Name	<i>Jesse Murray</i>		Father's Birthplace	<i>Pr. Geo. Co Md</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>unknown</i>	
Name of person giving information	<i>Ella Ward</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary	<i>Bronchial asthma</i>	How long	<i>2 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. C. Olinde, M.D.</i>
		Address	<i>Brentwood, Md.</i>
Accident or Suicide?			



Name
in
Full

Elwyn G. Freeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

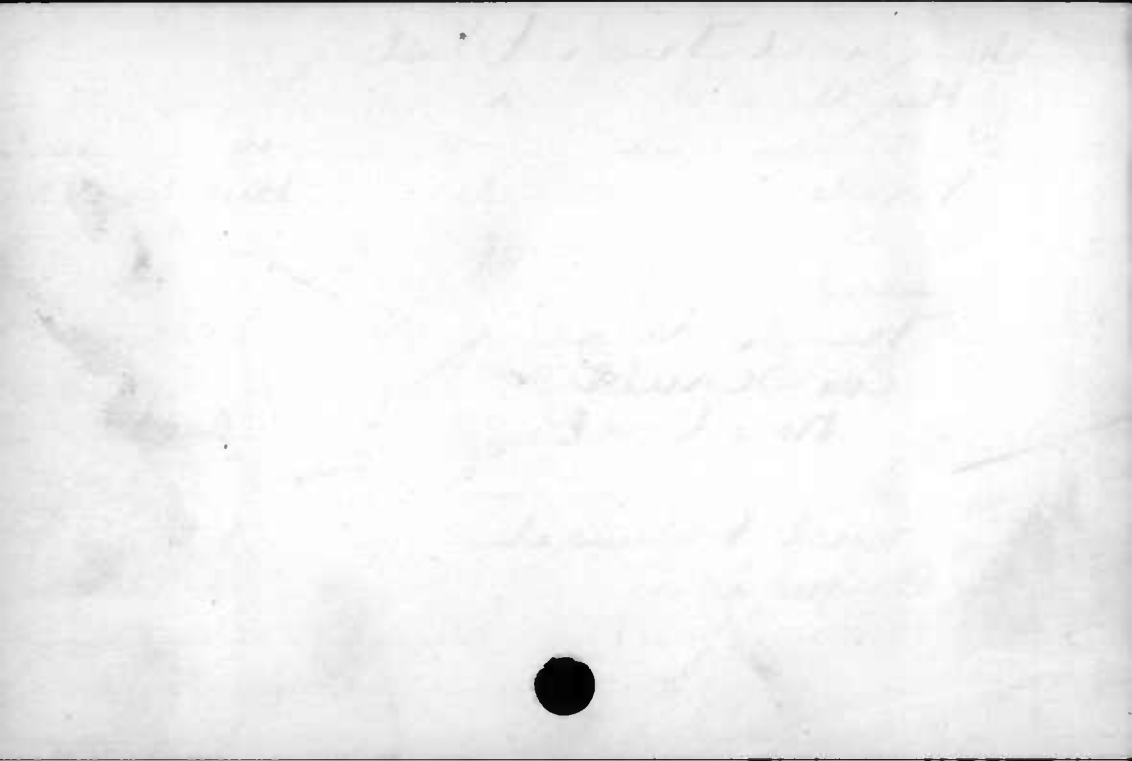
Died at <u>Munkinck</u> ^{Town}		<u>Brown</u> ^{County}			
Date of death	<u>1907</u>	Month <u>Aug.</u>	Day <u>13</u>	Age <u>—</u>	Years <u>—</u>
Sex <u>female</u>	Color or Race <u>black.</u>		Birth-place <u>Munkinck</u>	Months <u>7</u>	Days <u>—</u>
Occupation <u>Cher</u>	Where Residing if not at place of death <u>at place of death</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Augustus Freeman</u>	Father's Birthplace <u>Bellevue, Md.</u>				
Mother's Maiden Name <u>Jessie M. Weber</u>	Mother's Birthplace <u>Coules, Md.</u>				
Name of person giving information <u>Augustus Freeman</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>3 days</u>
Immediate <u>meningitis</u>	How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. Ryerly</u>
	Address <u>Laurel, Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

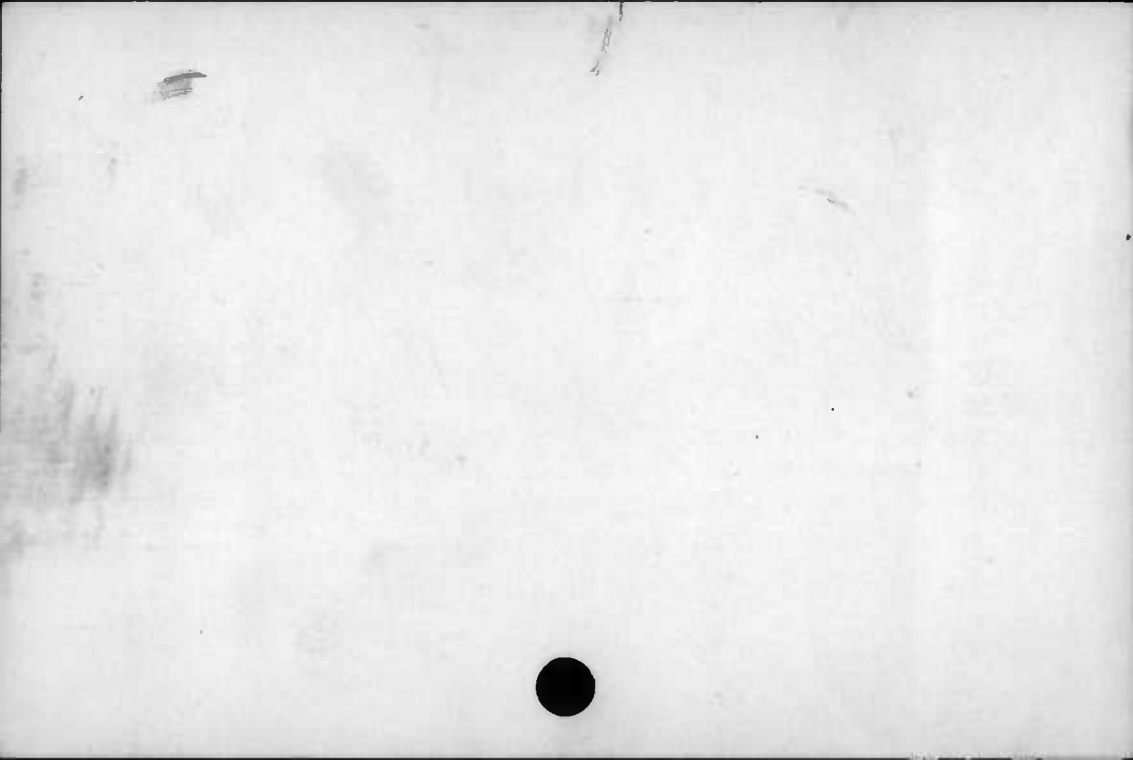
Died at <u>Hyattsville</u> Town		<u>Anne Arundel</u> County		MARYLAND		
Date of death	<u>1907</u>	Month <u>Aug</u>	Day <u>22</u>	Years <u>—</u>	Months <u>10</u>	Days <u>8 to</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Hyattsville Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Frank Wesley</u>	Father's Birthplace <u>Washington DC</u>					
Mother's Maiden Name <u>Eva Schultz</u>	Mother's Birthplace <u>Brooklyn N.Y.</u>					
Name of person giving Information <u>Rose Wesley</u>	How related to deceased <u>Aunt</u>					

CAUSES OF DEATH

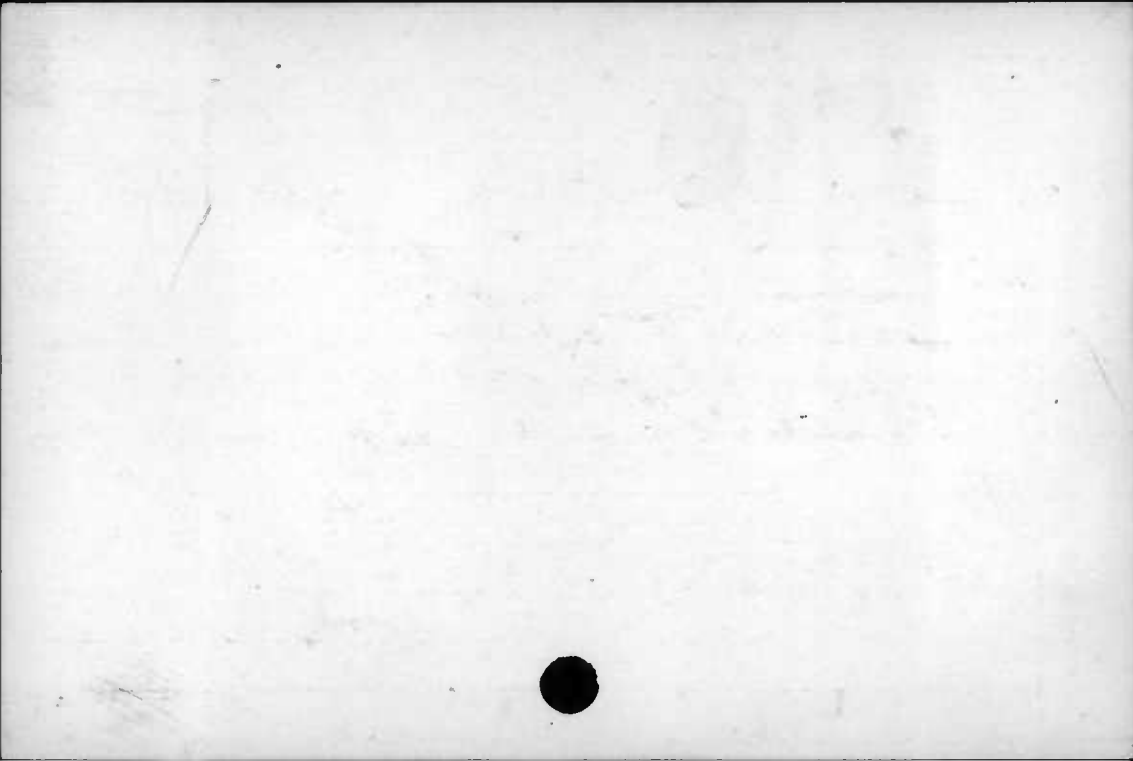
(61)

PHYSICIAN
OR CORONER

Primary <u>Spinal Meningitis</u>	How long <u>1 wk</u>
Immediate <u>Convulsions</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. W. H. H. H. H.</u>
	Address <u>Hyattsville</u>
Accident? Suicide? <u>Neither</u>	<u>Md</u>



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at Town <i>Laurel</i>		County <i>P. G.</i>	
		Date of death <i>1907 Aug 5</i>		Age <i>59</i>	
		Sex <i>Male</i>		Color or Race <i>Colard</i>	
		Occupation <i>Labarer</i>		Birth-place <i>md</i>	
		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Rachel A Williams</i>			
Father's Name <i>Vache Williams</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Emaline Brooks</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Wm. Villin</i>		How related to deceased <i>Bro</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Typhoid</i>		How long <i>3 weeks</i>	
		<i>Peritonitis caused by</i>		How long <i>24 hours</i>	
		Immediate <i>Perforation of bowels</i>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. R. C. Harey</i>	
				Address <i>Laurel, Md.</i>	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Bowie* Town *P. G.* CountyDate of death *1907* Month *8* Day *7* Age *16* Years Months DaysSex *Male* Color or Race *Colored* Birth-place *P. G. Co. Ind.*Occupation *None* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *William Williams* Father's Birthplace *P. G. Co. Ind.*Mother's Maiden Name *Mary A. Henry* Mother's Birthplace *P. G. Co. Ind.*Name of person giving information *William Williams* How related to deceased *Brother*

CAUSES OF DEATH

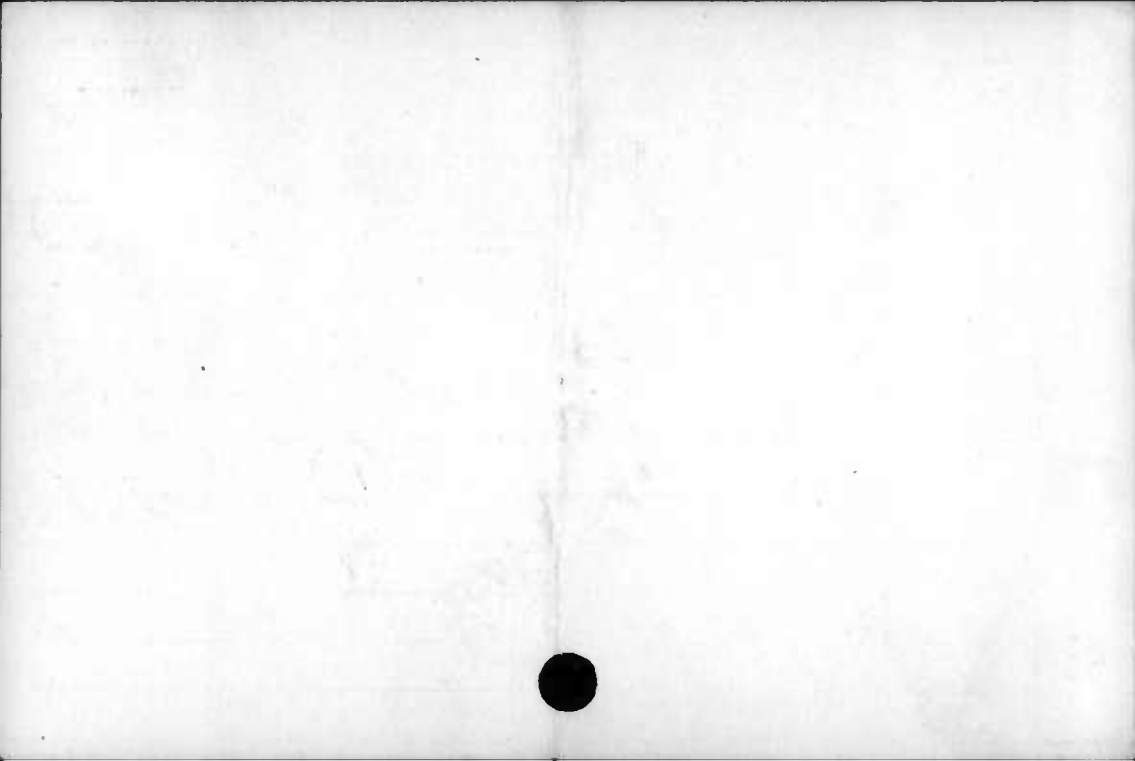
10

Primary *La Grippe* How long *4 weeks*Immediate *At Pneumonia*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide? *No*



Name in Full		Francis E Winters				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Laurel		County P. G.		MARYLAND		
	Date of death	1904	Month Aug	Day 7	Age 1	Months 11	Days 27	
	Sex	Male		Color or Race	White		Birth-place	Laurel md
	Occupation	—			Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wife or Husband						
PHYSICIAN OR CORONER	Father's Name	H E Winters				Father's Birthplace	Kentucky	
	Mother's Maiden Name	Lula M. Loveless				Mother's Birthplace	md	
	Name of person giving information	G W Baker				How related to deceased	Uncle	
	<div>CAUSES OF DEATH</div> <div>105</div>							
PHYSICIAN OR CORONER	Primary	Hleo-Colitis				How long	14 courses	
	Immediate	Exhaustion				How long	A few days	
	Are the name, age, sex, color, date and place correctly given above?				Yes			
	Signature of Physician				W. T. Taylor			
				Address			Laurel Md	
<div>Accident or Suicide?</div>								

